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HYGIENE.

BY

MAJOR C. LEFFLER,

PROFESSOR OF P. H. LING'S CURATIVE GYMNASIUM.

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Wenn auch die Weisen und Zünft'gen
Mir einen Platz versagen,
Zählt man mich zu den Vernünft'gen
Will ich mich nicht beklagen,
Denn ich denke die Zukünft'gen
Werden noch nach mir fragen.—

W. d. Verstorbenen.

P R E F A C E.

IN the publication of this work I fulfil an oft-repeated promise, first given many years ago to my friends and acquaintances, and since then more particularly to those who have profited by my application of Ling's Movements and the Natural Method of Cure, not a few of whom owe to the service thus rendered the recovery of their otherwise lost health.

To these last principally it is that I dedicate this book:—

First, Because they have in their recovery to health evidence of the success of the treatment here recommended.

Second, That, in perusing it, they may see that their cure was not a matter of chance; that the treatment they were subjected to by me was based upon principles of right reason and the facts of anatomical and physiological science; that no remedy was ever administered or

advised which could in any way disturb or check the healing process of Nature; and that my steady aim in healing one evil was, to take good care that I did not sow the seeds of another, always to conserve and increase the vital energy, and, in a word, to work, if possible, such a radical cure as involved a restoration to perfect health.

My patients, many of whom I am permitted now to rank among my most esteemed friends, were, for most part, at first very doubtful of the effect of the treatment under which I placed them. Inch by inch I had to win their confidence, for they brought nothing with them but distrust; everything appeared so strange; they had been so long accustomed to the artificial method, that they scarcely knew it to be artificial; and not until a gradual improvement began to show itself, were they persuaded to think that there might perhaps "be something in it after all."

To those who do not know me (those who do, will understand me as I wish to be understood) this may seem to be an arrogant assertion; but it is not intended to be so. I am well aware that no credit is due to myself in the matter, except a persistent protest against the artificialities of over-civilised life, and an unwearied insistence on those natural remedies that are within the reach of every one; nor have I brought any special

faculty to bear upon the subject except that common sense which is the gift to all of the Giver of all.

It has seemed to me that we do not respect Nature, that we despise her eternal laws, and that we have divorced ourselves from them. We sleep when Nature wakes, and we wake when Nature sleeps. Our food, too, is unnatural; it is cooked and spiced to tempt appetite, and not prepared to maintain us in health and strength. Our disregard of Nature extends to our way of dressing as well as our manner of living, and we cramp our physical development by the one just as we disturb and destroy the internal functions by the other. In both cases we array Nature against us, and in both cases Nature has her revenge. The controversy is an unequal one, and the weaker goes to the wall.

Under the artificial methods of treatment in which we persist, the powers of the body and their action become enfeebled and distorted, and there is no longer that balance and harmony among them which is essential to health. We fall ill, and feel ill; we send for some one who is by profession a healer, and we willingly take his prescriptions in the vain hope of thereby recovering what we have lost, idly fancying that that can be effected for us by another which only we, by a painful change in our manner of living, can do for ourselves. Accordingly, we take stimulants in all forms

as medicine, as drink, as food ; from time to time we feel as if these were doing us good, and we were getting better, but the ultimate effect is, that we are weaker and not stronger, and we sink mayhap sadly into absolute despair of regaining health.

What I propose in this book is, to try and persuade those that will listen to me back to the paths of nature and reason ; to teach them how not to waste still farther, but conserve, and, if possible, strengthen the vital powers, be they many or few, that remain to them ; and to inspire them with confidence in those natural methods which, if respected, are not only adequate to the removal of disease, but to the restoration of the normal and balanced action of all the functions. For always with the tear and wear that take place in the system, and the steady expulsion of the used and useless material, there goes on a constant process of repair by which new matter is fashioned, the old displaced, and the structure renovated ; and to this process respect must be had in every attempt to banish disease from the organism and build it up again in health. The point is to protect the integrity, and aid in the development, of this process ; for this is the well-spring of all the vital fluids of the body, the poisoning of which is the poisoning of all, and the purity of which is the purity of all. It is to this the natural

method directs all its attention, and it is for its sacredness I here plead.

Let me advise those whom it may concern to take courage and try it; *it can do them no harm*. And if they lack perseverance to continue, and abandon it for some other, they will have lost nothing by it. Not that this method of cure is of a merely tentative nature, and may fail; *for there is no other*. And in pleading for it I feel as if I were beckoning those I address back from the verge of a precipice, over which the ruin is irremediable, to the only sure path.

It is only for a short part of the way back to health that it will be possible for me to accompany and advise those who put themselves under my guidance; still, if they continue in the path prescribed, they will without any ulterior specific be able to reach the goal of health. But should they suffer themselves to be led away in the *other* direction, they will know where to lay the blame, and exonerate me.

C. LEFFLER.

LONDON, *December 1877.*

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HYGIENE.

CHAPTER I.

THE cure of all disease is effected by nature alone. Hence natural means should be the only ones resorted to to raise the body from any abnormal condition into which it may have fallen to a normal (*i.e.*, healthy) state.

In external disorganisations, such as wounds, ulcers, &c., the truth of this is apparent. We behold, in these cases, the origin and termination of the disease, also the wonderful processes of exudation, conglutination, suppuration, expulsion of impurity, and, finally, regeneration, by which nature performs her grand work.

It is exactly so with all internal diseases, acute as well as chronic, with this difference—*the power of viewing the healing process in its various stages is withheld from us*; and we are forced to content ourselves with external phenomena, coupled with experience and the research of others, in order to form, in our mind's eye, a picture of the mischief within, and to judge how far

the system, in its internal working, has deviated from that normal state called *health*.

There is no malady, from simple inflammatory fever to the pestilential plague, which has not been healed by nature, *i.e.*, vital power, alone.

Woe to that unfortunate individual who has the misfortune to be placed under the so-called "orthodox treatment," for though, at the commencement of his (perhaps only slight) illness, the possessor of a strong stomach, with good digestive organs, he may take leave of the same for the remainder of his existence. A short course of orthodox, so-called rational (?) treatment, will, nay must, sow in every human body the seeds of chronic weakness, which increases with the advance of age, and ultimately ends in total exhaustion and debilitation.

And can it be otherwise when the human stomach is treated as a crucible, into which Science (??) introduces chemical matter, the phlegma of which the strongest system is often incapable of assimilating and secreting? Is it not clear to every individual in the possession and use of his faculties that these same chemical processes *must create other new illnesses*, and entail a train of evils which may last with life?

But it is not our object to combat the false doctrines which are inherited from generation to generation, and are regarded with a certain veneration, even fear. Convinced of the futility of such an attempt, we confine ourselves simply to laying before the reader our own experiences and opinions, of more than twenty-four

years' duration. He must try these by his own judgment, and bear in mind that these lines are intended for *non*-professional readers, for which reason we dispense with all scientific appellations.

What are natural, and what artificial means? A natural curative treatment is that which harmonises with our organisation, *i.e.*, our physiological life.

Artificial curative methods are those which would arrest the malady—*swiftly*, violently, and without consideration of the *consequences* which may ensue. In most cases the disease is suppressed indeed, but also more or less forcibly transposed upon other more vital organs, *thus disturbing the natural development of the disease, and its progress towards natural cure.*

The bases of the natural curative methods are, *the elements—air and water, movement, &c.*, the processes of cold and heat, of moisture and aridity. Its chemical remedies are pure, not too rich, milk, drawn from healthy animals; and, in extremely rare cases, such as acute blood-poisoning, alcohol, unadulterated and pure, *viz.*, the simple spirit distilled from corn, &c.

These few harmless specifics, intelligently applied, are sufficient in *every* disease, whether acute or chronic, except such as have already been rendered *incurable* through previous mistaken treatment. In such circumstances,¹ it stands to reason that the above-mentioned remedies (natural remedies) *can* but act as *palliatives*.

¹ We mean such diseases as softening of the brain, gout, or cases in which the blood or glandular systems, for example, are disturbed, or rendered so debilitated that their functions can only be performed in a most imperfect manner.

They may serve to arrest the progress of the deeply-rooted disease, and thus prolong life, diminish the suffering of the patient, and render the later years of his existence more supportable ; and this, in such cases, is the extent of the power of natural treatment. But is not that "*little*" sufficient to claim attention ? Is not the *prolongation of life*, be it only for five or ten years, a great boon to many, even supposing the sufferer or his relatives to be cognisant of the sad fact that, as in *phthisis*, *tubercles*, &c., all hope of cure is past ?

We will, with the reader's permission, subjoin one or two examples, this mode being generally the most conducive towards the comprehension of a subject. Commencing with acute disorders, we will begin with

Gastric Fever.

SYMPTOMS.—Great languor ; weight in the region of the heart ; dizziness in the head, often heightened by racking headache ; tongue of a yellowish-brown hue ; urine dark-yellow or red ; bitter, at times putrid, taste in the mouth ; with nausea at the sight of food. PULSE very frequent, but neither so full and hard as that denoting inflammatory fever, nor so small and feeble as at the commencement of *putrid fever*.

CAUSES.—Overloading of the stomach in the most cases ; but there are exceptions, which are determined not alone by the *quantity*, but also by the *quality* of nourishment previously taken ;—if rich, indigestible, and heavy, which would tend to obstruct the intes-

tines and affect the liver; or if of an irritating character, so as to act deleteriously on the gastric nerves. The DURATION is uncertain—three, five, seven, nine days, sometimes weeks—this depending entirely on the degree to which the *liver, spleen, bile, &c.*, have been disturbed in the normal performance of their functions.

This fever is often transformed into some other more malignant fever, which is due in most cases to the deleterious effects of chemical remedies previously administered, with the object of reducing it.

There is but *one* method of reducing gastric fever; and the *manner* in which this is carried out distinguishes the *natural* from the *artificial* cure.

This one method is the *excretion of foreign, impure, irritant matter*, which causes obstruction of the alimentary canal, and which the stomach, in its weakened condition, is incapable of ejecting unaided.

Hence we must conclude that the primary cause of gastric fever is the disturbed state of the alimentary canal, and that the vascular and nervous systems are, through the agency of the sympathetic nerves, closely complicated with the same.

What are the remedies of art in such cases? *Tartarus tartarisatus, Spiritus mindereri, Tartarus vitrolat., Sal Glauberis.* Should the fever be *persistent, i.e.*, if the loaded and enfeebled stomach lacks the energy or power to purge itself unaided, bleeding is resorted to, in order to relieve the patient from what is erroneously considered to be a *plethoric condition*. If the nerves

are excited, and symptoms of cramp set in, one of the following antispasmodic remedies is administered, in addition to those named above—*Valeriana*, *hyoscyamus*, *castoreum*, or *moschus*.

If symptoms of retching set in, *Tartar emetic*, or *Ipecacuanha*, is given in no small doses.

What are the natural remedies in such cases? We are obliged to enter into the details of this treatment, because it is the *manner* in which these natural remedies are applied which contributes mainly to their complete success in the healing process.

Suppose that, at the time when introduced to the patient, I find him with pain across the loins and lumbar region, accompanied by flatulence and eructations, &c.; if not already in bed, I shall cause the patient to assume a horizontal position, the knees slightly bent, in order to lessen the expansion of the abdomen. I shall then apply friction over the whole surface of the peritoneum in a circular manner, but very gently, alternating this with slight pressures, particularly in the region of the hypochondria and spleen. These movements will be increased in power and energy as the patient grows more accustomed and less susceptible to them. After continuing this operation for about fifteen or twenty minutes, an evacuation will be the result.

In the most *persistent cases*, my object is gained in from thirty to forty minutes.

I must observe, that in treating a case of this kind, I usually order a beverage of weak *elderberry tea*, diluted

in equal quantities with warm milk ; also perfect rest, and undisturbed sleep, if the patient is so inclined. But above all, he must retain a horizontal position, and be in equal warmth. Generally after two or three days the improvement in the pulse is marked, and often there is a desire for food.

If, however, the evacuations have not been sufficiently copious, an enema of tepid water must be administered, which, if ineffective, or only *partially* effective, must be repeated in the course of an hour ; our guide in this must be the pulse. If the patient be troubled with nausea, accompanied with much eructation, I do not hesitate to avail myself of a manipulation which, although extremely old and antiquated, has, as far as I know, never been resorted to as a means of alleviation in producing vomiting.

I procure a piece of thin, round, pliable india-rubber, of the form of a long finger, measuring from ten to twelve inches in length, and place the same a few minutes in warm water, partly to render it more pliable, partly to give it the temperature of the blood. With this I excite a slight irritation of the muscles of the œsophagus (*i.e.*, rather lower down than the tonsils), and the result has never failed to be satisfactory. Thus the object is gained, and the patient is spared the medicine.

I am well aware that prejudice derides and scoffs at everything unusual, but that will neither dishearten nor perplex me. I have the *living* proofs. *The object of my treatment is to preserve the human stomach from the baneful action of sharp medicines*

and chemical matter, which do most decidedly deprive the stomach of its power of ELASTICITY and CONTRACTIBILITY, and which, *by being often and systematically repeated, reduce the muscular fibres of its internal walls and the assimilating tissues to that state of debility and sluggishness which must render life a burden.*

Most probably the question may be asked, Are you certain of the theory which you advance? I answer, I have practical experience on my side; and the thousands of poor creatures suffering from drug-diseases, dropsy, and consumption, created by chemical treatment, *but too well confirm me in my theory.* And then, where is there, where can there be, *positive certainty*, when the question at issue is the cure of a sick human creature? The path on which I lead my patients rests on a scientific basis, is otherwise perfectly harmless, and is accordant with common sense and reason.

The crisis of gastric fever is gained in most cases through *sleep*, through copious perspiration, or both, as well as by help of the urine. During many years of experience and observation, I have invariably remarked how much more rapidly the patient regains his vital strength and energy after the attack has been overcome, when he has been spared the intervention of chemical remedies. After the *total termination* of gastric fever, and, where there had not been a sufficiently satisfactory *crisis*, I have ordered a *small* glass of good old port-wine, diluted with equal quantities of warm water, to be administered; my experience having taught me that this remedy is the best calculated to prevent the generation of fresh gastric impurities, which are often only the result of extreme debility.

We acknowledge, in fact, no other acute disease than fever, the greater or less inflammatory character of which determines its various stages, and which from its

mere intensity can develop into complete inflammation. This accelerated vitality (*i.e.*, fever), the heightened activity of the vascular system, coupled with the inseparable increase of warmth throughout the whole organisation, can but attain a certain limit; hence its acute character. It is impossible for the patient to resist the consuming influence of fever for longer than a certain period. After that period is past, *i.e.*, when the fever assumes a chronic character, its termination is fatal.

We shall now consider some of the diseases which have already taken a more or less chronic form, and acquaint ourselves better with the different symptoms and the various gradations which they assume, illustrating, at the same time, how, in such instances, the natural remedies prove themselves to be essentially more effectual and thorough than chemical or artificial remedies; showing that their effects are thoroughly harmless, that the vitality is husbanded, and that, consequently, prolongation of life is one of the chief claims of the natural cure to universal attention.

CHAPTER II.

WE shall turn our attention, first, to two chronic maladies, which are often met with, and repeatedly mistaken for each other, owing to the remarkable similarity of their symptoms. I allude to

Gout (Arthritis) and Rheumatism.

Rheumatism and gout strongly resemble each other in their phenomena. They are, however, as far as regards their origin, two totally different diseases. Hence the appellation *rheumatic gout* is an enigma to me to this day.

Rheumatism, in its acute as well as in its chronic forms, is the result of an external influence reacting internally. *Gout*, on the other hand, is a disease originating *internally*, with partially external phenomena.

The chief points of distinction between the two diseases are, that, whilst rheumatism mostly affects the muscular and membranous portions of the body, *gout* generally seizes the articulations or joints. The rheumatic sufferer is but seldom troubled with difficult digestion; on the contrary, he has frequently a good appetite, with correspondingly good digestion. The

origin of gout is always attended with gastric or digestive disorders, either past or present. One of the principal indications of the presence of gout is the nature of the urinary and other secretions, and also the knotty, calcareous deposits in the joints; the whitish chalky sediment in the urine changing in more chronic cases to a reddish deposit like sand. The oily matter on the surface of urine, which has been permitted to stand for a time, must also not be forgotten. All these indications are absent in rheumatism.

Rheumatism is brought on by humidity or cold. It is produced by the *external* influence of the atmosphere; consequently it is an *external* agency reacting internally.

Gout is mostly occasioned by a faulty or disordered condition of the digestion and chyfication (generally the result of a rich and luxurious diet), *and is a critical development of a peculiar abnormal deposit generated in the gastric organ.*

It cannot be denied that great analogy exists between the symptoms of rheumatism and gout, especially when the latter has attained a certain stage; but we find comparatively few instances in which *gout, i.e.,* fully-developed *arthritis*, assumes a rheumatic character. *Rheumatism* is a suppression (through an external agency) of the secretion of that sharp, serous exhalation termed *rheumatic matter* (*rheumatischer Stoff*). In using the term "suppression" I am not alluding to the forcible suppression of perspiration; I am here referring to that insensible exhalation of moisture through the skin which is the most important, lasting purification of organic

life, and by the help of which a great part of all impure matter is excreted from the human body. Now, if this is suppressed, the consequence thereof will be harmful; and if of long continuance, it will be readily comprehended that the accumulation of this abnormal matter, which is *reabsorbed* into the system, must act as an irritant, and have a more or less deleterious effect upon the whole organisation, particularly upon the juices.

Rheumatism, therefore, is simply an irritation, *not* an inflammation, though a condition bordering thereon; for the seat of the irritation is not in the blood-vessels, but is confined to the serous membranes. In short, we may conclude that rheumatism is the effect of a chill, or a suppression of the activity of the skin, taking that expression in its broadest sense.

Much might be said to prove that rheumatism is caused only by external agencies. *Rheumatism*, even if the cause of great suffering, is seldom fatal.

Gout (*arthritis*), on the other hand, like all diseases having their origin and development internally, is far graver, and the saddest consequences may ensue from ignorance of its presence.

Its diagnosis is rendered extremely difficult owing to the manifold changes and complications of the symptoms.

In instances where the more usual symptoms prevail, the diagnosis is naturally less difficult, although always troublesome; for in all cases (acute as well as chronic) gout is prone to the most extraordinary complications.

Our time and space here are too limited to dis-

cuss the different grades and classifications of gout. A superficial enumeration must therefore suffice.

Arthritis Regularis.

The attack appears with a certain degree of regularity, and commences with fever more or less severe. After the fever has passed through its different stages, the attack usually terminates in a *crisis* of copious perspiration of a sour odour, or by frequent evacuations. These attacks generally take place during the equinoxial season, and have been often mistaken for gastric fever.

Arthritis Irregularis.

Here the attacks appear at uncertain periods, without fever, and are mostly unattended by the common symptoms of gout. The duration is also uncertain—days, weeks, months. By lengthened continuance the seat of pain is often changed, commencing, for example, in the knee, and suddenly becoming transferred from thence to the hip or ankle.

Of course, these attacks are placed under the category of *chronic gout*. They have seldom any crisis, or mostly only an imperfect one.

Arthritis Occulta Anomala.

The attack does not make its appearance with the usual external symptoms of gout. In this instance the gout affects chiefly the inner organs, as the stomach, the head, the chest, the kidneys, bladder, &c., and even

at times the whole nervous system. The following are the symptoms of gout in the stomach:—

An accumulation of sour-tasting saliva in the mouth, which lasts about twenty to thirty minutes; chronic vomiting, principally after partaking of food; great obstruction of phlegm, with excessive expectoration of mucus (this last-named a certain symptom).

In the second case, i.e., where the gout affects the head—giddiness, drumming in the ears, deafness, imperfect or double vision, paralysis of certain groups of muscles, and, in some instances, blindness.

In the third case, i.e., in which the gout seizes the chest—chronic cough, asthmatic tightening of the chest, fear, and more or less severe pain in this region.

If the whole nervous system is affected—attacks of hypochondria will be observed, cramps, convulsive twitchings, paralytic seizures, &c.

If the kidneys are affected—pains in the loins, slow and difficult urination, imperfect digestion, accompanied with constipation and flatulence (for in this case the whole abdominal vascular system is debilitated), and hæmorrhoidal symptoms set in; here the whole lymphatic system is disturbed. At times it happens that suddenly, and without visible reason, unusual external phenomena appear, such as swellings, often erroneously mistaken for dropsy; chronic eruptions of the skin; induration (*Verhärtungen*) of the cellular membrane; the generation of sand, gravel, stone.

The origin of Arthritis anomala is mostly due to the checking of gouty impurity which nature had endea-

voured to bring to the surface, and which is, in most instances, caused by extravagancies in diet, or through a severe chill. The abovementioned attacks of gout are at times accompanied with acute, and often very severe fever; these complications always render the malady a grave one.

In such cases the conclusion may be drawn with tolerable certainty that primary attacks of gout had taken place, had been suppressed, and had disappeared, when, after a certain time had elapsed, the last-named symptoms had set in. Without doubt, the whole phenomena of gout is nothing but a continued, though obstructed, effort on the part of nature to absorb and excrete these abnormal impurities.

Much, very much, might be said in reference to gout as well as rheumatism. But it is not my intention to write an essay only to convince the reader of the total difference of the two diseases in form and character; we will acquaint ourselves with the remedies which art usually calls to its aid in their suppression, or healing, as it may be.

External remedies for gout in acute cases are—*Cold water*,¹ *lead*, *camphor*, and other absorptive remedies.

We do not permit ourselves to express an opinion, but caution our readers with the observation that in the scientific circles of the profession these remedies are now seldom applied.

Internal remedies are—*Colchicum*, *vinum semin*; and in cases of severe inflammation — *Nitrum Salmiac*,

¹ A natural remedy misapplied here.

Tartar emetic. Local bleeding is also resorted to by some.

The reader must bear in mind that we here allude to acute gout only.

In chronic gout, i.e., when of very long duration, the artificial remedies for external use are—*Calcar antimonium, sulphur, camphor.*

Internal remedies are—*Sulphur, Extract Absinth, Nitron Carbonicum, Rhododendron, Aurum, Liquor Antarthritic, Mercurius Sublimatum, Aconitum, Decoct. Sarsaparillæ.*

No doubt other medicines are used, but the reader would take small interest in a long list of Latin appellations.

For mineral baths, those mostly recommended are :

Karlsbad, in Bohemia—Sulphur.

Wiesbaden, Germany—Saline.

Töplitz, Bohemia—Saline-alkaline.

Aachen,¹ Germany—Iron and iodine.

And now let us introduce our readers to one or more of those martyrs to chronic gout who limp or are dragged about in all quarters ; I mean those who, in the course of years of suffering, have (for it is hard work) tried one remedy after another, external, internal, as well as the baths. Let us interrogate them on the progress of their cure, and see if the bitter sense of disappointed hope has not very often taken possession of them. And ask them further if, during their sufferings, they experienced *real* relief from *any* but *natural means, i.e., warmth, per-*

¹ Aix-la-Chapelle.

spiration, passive movements—I mean frictions applied by the human hand—and a strictly severe antiphlogistic régime of diet? And if they are sincere, they will acknowledge that to *these* means of cure, and *these only*, they owe any real relief they have felt.

The instances of a radical cure of gout are rare, most gouty subjects having what is termed an *arthritic constitution*, which is, for the most part, hereditary. The *germ* of the disease is ever present in the body; and it depends upon the *habits*, &c., of the individual whether this germ remain dormant, or be roused into a formidable enemy and source of grief.

In cases, however, in which gout has been acquired, it may with certainty be concluded that its origin is due to excess in eating and drinking, coupled with habits of idleness, but particularly to excessive indulgence in wine (especially sour wine, or such wines as are sweetened artificially), not to mention other excesses, which it is unnecessary to enumerate here. Instance only moist, cold atmospheres, changeable weather, residence in damp houses, &c.

The gouty matter itself, as already explained, is generated in the organs of digestion and chylicification.

The excessive use of wine produces an accumulation of raw, sour, sharp matter in the chyle. The result of *inactivity* and other dissolute habits is a weakening of the organs, and a consequent faulty secretion of the impurity (*phlegma*). The best proof of this is found in the more or less disordered digestion which accompanies every attack of gout. My observations on acute gout

must be confined to a few theoretic remarks, as my attendance and aid have been seldom solicited, except in severe cases, and when all artificial remedies had been already resorted to in vain. Speaking candidly, it was never in my power to effect a radical cure of chronic gout; but I can say, with perfect conscientiousness, that not one of my patients left me without having derived considerable relief from the treatment, as well constitutionally as locally; as, in renewed powers of walking and moving generally.

Natural Treatment of Gout.

A *milk diet*, continued regularly for from one to two years, in order to bring about the natural regeneration of the juices. Neither tea nor coffee, but good and pure cocoa, prepared with a considerable quantity of *good* milk. Butcher-meat must be eaten sparingly, and always cooked by *boiling*. Beef must be peremptorily forbidden. *Nutritious* soups, but neither rich nor fat, seasoned with only a *little* salt, and *no pepper* at all. Under no circumstances wine, or any other stimulant. The rest effected by the aid of Ling's curative movements, and vapour of steam.

By the help of the abovenamed *natural* remedies, results are, in time, produced on the muscular, glandular, and lymphatic systems, reacting on the blood-system, which, as a matter of course, never could have been effected through the agency of any chemical preparations; as, for instance, the restoration of the lost activity of the skin, and urging the blood from the congested

vital portions to the extremities ; increased power of movement in the swollen gouty joints, and certain groups of muscles, or the bones (where they had already become swollen).

How can it be possible for one to suppose that the already too debilitated stomach should be equal to such a gigantic task ? Does it not border on unreason itself ?

The object to be gained is, *to strengthen the whole gastric system, such as the stomach, &c., and the whole of the abdominal tissues and glands, not to force them through the agency of chemical preparations to an increased artificial activity*—an activity which is sure to strain the organs and eventually enfeeble their action.

My aim is to effect a gradual re-establishment of the activity of the relaxed and dormant ganglion nerves ; to operate, by means of these sympathetic nerves, upon the brain ; to impart to the spinal column new life and strength, through the increased activity of the spinal marrow ; and by these processes, to act regeneratively on the stomach, and thus to *fit* it anew for its normal duties, viz., those of nourishing and strengthening the body, by properly and effectively digesting and assimilating the various nutritive constituents of the food necessary to maintain the physical frame in a state of healthy, happy harmony.

I think enough has been said to prove logically that arthritis and rheumatism are two entirely different diseases ; that rheumatism can gain but slight amelioration from chemical remedies ; that arthritis can never be really cured by any treatment ; and that the natural

treatment is the *only one* capable of inducing solid improvement in either, when they have already reached that stage in which radical cure is impossible.

I shall now endeavour to explain my *modus operandi* in as succinct a manner as possible. And here I shall insert an account of what I may be allowed to call

An Extraordinary Palliative Cure.

The patient, a man nearly sixty years of age, of middle stature, and apoplectic constitution, *i.e.*, short and rather stoutly built, short neck, broad shoulders, high chest, and very corpulent; weight 14 stone 12½ lb.; pulse feeble and irregular, the left pulse weaker than the right; frequent attacks of a choking cough; eyes red, bloodshot; Meibomian glands somewhat swollen; chronic congestion of blood to the head; imperfect vision, *i.e.*, *thread-like* or *net-like* forms moving upwards and sideways before the eyes, particularly the left; occasionally slight attacks of giddiness; great inclination to sleep, together with numbness and prickling in the tips of the toes.

This gentleman was first made aware of his precarious condition by a hint which he received from his physician, who had attended him for years, to the effect that he should retire from his business, which was a very lucrative one, transfer the same to his sons, and put his affairs generally in order. Concluding from this that he had but a short time to live, and resigning himself as best he could to his fate, he, by a pure chance, heard of a celebrated homœopathic doctor in London, whom he at once consulted, and who recommended him to try a course of Ling's curative movements.

On the first day of our acquaintance with him, a crisis in his state had set in; for, on rising in the morning, he found it impossible to move his *right* leg. The pain in the knee was extremely agonising, without heat or much external swelling, and the knee itself slightly larger than the *left* one. He was compelled to walk with the help of two sticks, very slowly indeed; an operation which occasioned him such a degree of pain that he literally shrieked at every step. This was his condition at the time he came to me.

On close investigation, it appeared that immediately under the knee-cap, but more inclined to the right and outer side, a small sac had formed itself, which was filled with what seemed to be a substance resembling fine and greasy sand, and which was forcibly pressed under the knee-cap, as soon as the posterior muscles of the leg were brought into play by the act of walking. This was the explanation of the intense pain in the knee. The total absence of all inflammation was, however, less readily accounted for.

We commenced our treatment at once. I placed the patient in a half-sitting posture upon an elevated operating bench, expressly constructed for cases of this kind, so that the affected (right) leg *only* rested on the bench, as far as the bend of the knee, and I fixed the upper part, viz., the thigh of the leg, firmly with two strong straps to the bench, leaving the lower part of the leg, from the knee to the foot, perfectly free, so as, through its movability, to act *locally* on the knee. The left foot was also fixed on a low step of the operating bench.

The patient having been thus placed, we commenced the manipulation. With the utmost gentleness and care I proceeded, by placing my right hand on the ankle and my left on the knee, to turn, or twist rather, the free foreleg (tibia) very delicately, and this naturally imparted a slight action to the knee. The intention, and indeed effect, of this operation was to move, or press, the little *sac*, or knot of gouty matter, more to the right side, and so leave the knee-cap freer and more mobile, *i.e.*, less fixed than before. The result intended was the result effected, and the patient was relieved from the pain as well.

The manipulations were continued for over more than two hours indeed, and they were, in the commencement at least, extremely painful, and recourse was had thereupon to friction on the abdomen, and also on the occiput and cerebrum.

After the knee had been carefully bandaged, the patient was even able to walk painlessly, though slowly, with a sense of stiffness at the joint, and also a certain heavy sluggishness of the whole leg from the hip down to the foot. Not to tire the reader, suffice it further to say that the gentleman referred to is still alive, and has the *full power* of *both legs*, the little *sac* of gouty chalk

being entirely absorbed through the movements ; there is no longer any determination of blood to the head ; the pulsations in the occiput have also entirely ceased ; and it is only during the equinox that small mementos of the old evil manifest themselves. His weight is reduced from $14\frac{3}{4}$ stone to 11 stone 9 lb., and it is eight years since his original physician gave him the hint to prepare for death.

Radical Cure.

In the case I have now to mention, there was a scrofulous disposition and hereditary tendency to the gout ; and symptoms of these were plainly discernible in childhood, which, as they appeared, were systematically considered by the physician to be bilious attacks, and treated accordingly. As the child grew to girlhood, her nervous system suffered a severe shock under a so-called mortal illness, and this, reacting upon a constitution already delicate, was of course fraught with the most serious consequences. She became emaciated and feeble, and all hope seemed at an end. At length the physician declared *that all which art could do for her had been tried, but in vain*, and that the young lady, who was then just fifteen, could not live three days longer. He refrained from administering any more medicine, but ordered a few drops of *laudanum* every two hours, which, through God's gracious mercy, was forgotten. The three days of danger passed over, and the young lady recovered her ordinary state of health. This is the condensed account of her history, as told to me by herself.

It is clearly obvious that such a mode of treatment must have shaken and enfeebled the whole constitution. The consequences, as said, were of the saddest : nervous debility such as the reader can scarce form an idea of, combined with all the symptoms of totally disturbed power of digestion. An imaginary disease of the heart, which filled the mind of this amiable and highly cultivated lady with an indescribable anguish and the darkest forebodings, began to develop itself, and to coil itself round her soul like a gigantic poison-breathing serpent, against which all resistance was in vain ; and she was often tempted to think that her life would terminate in raving mad-

ness, which aggravated her horror. Frequently she seemed to be possessed by some supernatural impulse, urging her to burn, tear, or break whatever lay within her reach.

It was thus that she spent a sad, joyless youth. At length she married, and very happily indeed, her husband being an intelligent and estimable gentleman, whose tender care and attention to her were really touching. Unfortunately her so truly happy marriage did nothing to ameliorate her physical condition. Many were the numbers of consultations which were held in her behalf, and various were the views taken of her case, and the remedies prescribed for her. A lengthened sea voyage was recommended and undertaken, the suffering lady being accompanied by her husband and sister; but this voyage, which was hazarded solely for the benefit of the patient, to, if possible, restore her strength and impaired vitality, was destined to have a very different issue.

The steamer was wrecked, and it was only after the greatest exertions that the half of the passengers, among whom they were included, escaped with life. After undergoing the most severe privations and hardships in consequence, they at length gained their homes, with results to her already debilitated nervous system which will readily be anticipated.

Nevertheless, afterwards, several voyages were undertaken; English and French authorities were consulted; various climates and baths were resorted to, all without any solid or even really beneficial result; nothing reached or affected the root of the disease, the effects of which she felt, indeed, but the peculiar symptoms of which it baffled her to describe.

Two years ago Ling's curative system was recommended to her, as it is practised by my daughter and myself in London, as having already been the means of restoring so many persons to health, and been productive of the most astonishing results.

The real malady from which she suffered was SUPPRESSED GOUT, and it had been suppressed again and again by the agency of the combined forces of medicine and art.

An acute attack of gout, accompanied with severe febrile symptoms, had been all along mistakingly treated as a case of complicated nervous fever, and this had naturally caused the gout to assume a chronic character.

It affected the abdominal region, *i.e.*, it had settled *primarily*

on the gastric organs and ganglion nerves, reacting thence more and more upon the brain, especially the cerebrum. As I made the most minute investigation, I found, at our second interview, that a layer of *thick, soft serum* had deposited itself between the skull and the membranous coverings of the head. I inquired therefore, "Did none of your physicians examine your head?" Her answer was, "No, they only felt my pulse."

My next inquiry was, whether she perspired freely, and I was told that she never by any chance perspired at all, that she had feverish attacks of burning heat of a most distressing nature, and that no remedy which had as yet been resorted to, as a means of producing activity of the skin, had ever succeeded. The course I must pursue with my patient became all at once clear to me; and I took an extremely hopeful view of the case. I communicated to her my opinion of the nature of her malady, and my reasons for being sanguine as to her recovery.

My first endeavour was to produce immediate alleviation by improving the circulation, and urging the blood on to the extremities, by which means the head and trunk were freed from a great load of congestion; to work upon the gastric region, producing an increased activity of the digestive powers, and consequently lessening the tendency to generate acidity; to act stimulatingly on the whole nervous system, commencing with the occiput and spinal column, so as to absorb the serum deposited between the membranes of the cerebellum and cranium; and lastly to re-establish the lost activity of the skin.

The operations named were not effected one at a time, but simultaneously; for it is impossible, as the reader may know, if he has ever intelligently studied the human organisation, to produce a normal circulation without strengthening the nerves, and *vice versa*. It is out of the question to attempt to act stimulatingly on the nerves if the gastric powers are not at the same time attended to, and their secreting and assimilating capabilities renewed. It is impossible also to affect the nerves beneficially, unless the blood be properly arterialised; and *how* is the blood to be arterialised but by the lungs being in a fit condition to perform their function, which this is? It is by bringing the functions of the body as a whole into their *natural state*, that Ling's movements have produced such wonderful results; not by

attempting to effect *all* through the gastric powers, but by acting *externally* on the organs singly and severally, thereby, as has before been said, *husbanding the vitality*, and reserving the *nervous and muscular strength* of the stomach to perform its duties in *nourishing and maintaining that vitality, elasticity, and strength; instead of enervating them by the repeated administration of drugs, which, as the reader must know, excite them to an unnatural activity for the time, only to exhaust and debilitate them the more after the temporary action of the medicine has ceased.*

To return to my subject : by operating, as above stated, on the various organs and systems of the body, I succeeded in absorbing, or rather dispersing, the gouty matter, and, *at the same time*, in preparing and purifying those channels which nature designs as a means of carrying off the impurities of the organisation ; great care at the same time being taken that the diet was of a suitable character. I also found great assistance in the application of steam-vapour (not Turkish baths) in conjunction with the movements. This lady was punctual in her attendance for fifteen months, and she is now *perfectly cured*. She has written to my daughter and myself that her health is better now than she can ever remember it to have been. I append here a copy of the letter, the original of which may be seen on application.

OXFORD, October 19, 1876.

MY DEAR MISS LEFFLER,—Before I leave the vicinity of London, I desire to acknowledge the wonderful benefit which, by God's providence, I have derived from the curative movements as applied by you.

When I was first placed under your professional care, my life was a heavy burden to me, in consequence of bodily and mental illness, and I had been pronounced by several physicians to be "long past the reach of medicine."

By God's blessing upon the means used by you, I am now restored to a greater degree of health of mind and body than I have had for years, and to greater physical strength than I have ever possessed before.

With kind regards to Major Leffler, to whose unremitting care and skill I owe so much, I remain, dear Miss Leffler, very sincerely yours,

M. L. A.

CHAPTER III.

WE now proceed to consider two other diseases of equal importance, which, in consequence of the numbers who are the victims of them, demand a considerable share of our attention. I allude to the diseases known by the names of *Phthisis* and *Tabes*. But ere we address ourselves to this grave subject, I would beg the reader's attention to the following remarks and warnings, which are based on a lengthened practice and observation.

Never neglect the slightest or apparently most trivial cough, for it is always a sure symptom that some portion of the organs of respiration is affected, either the lungs or a portion of them, or the bronchi, or the larynx. A cough of any duration should always be attended to, even if there be no fever accompanying it. Very many diseases originate in a cough, perhaps not immediately, nor yet perhaps for months to come, but be assured that you will be able to trace the *consequences* of a neglected cough for years afterwards, either in the lungs or in one or other of the surrounding organs, as the stomach, for instance.

Every cough is a greater or less spasmodic concussion (*Erschütterung*) of the whole system, and creates local

debility in some portion or portions of it. Phthisis and tabes, from the resemblance which exists in some, often in a great number, of their symptoms, are not seldom confounded with each other. Their similarity consists in the imperfect nourishment of the body; this is a chief feature of both of them.

This is due to a peculiar condition of the whole organisation, by which the *self-consumption* exceeds the *restoration*; i.e., there is a want of balance in the action of the organs of assimilation and those of secretion, the activity of the latter preponderating over that of the former.

This condition of the organisation is caused by—

1. A dissolution in certain organs, or part of them, as the lungs, bronchi, larynx, called *phthisis*. For example, a lingering cough, with its accompanying spasmodic concussions, will cause certain portions of one or both lungs to be brought into an inflammatory state, and the circulation of blood through the capillaries of the lungs becomes imperfect; the air-cells commence to be *less free* in their action; hence by-and-by complete congestion sets in, attended by a more or less inflammatory condition of the vessels.

Even in cases where such inflammatory condition is removed, or, as happens rather, suppressed by artificial means, such as bleeding, calomel, &c., the *tendency*, *disposition*, and *germ* of the disease invariably remain in the body.

2. Consumption of the juices and vital strength, without suppuration, called *tabes*. If, in addition to this

consumption, there is chronic irritability which excites fever, the condition known as *hectica* becomes developed. Should there be symptoms of obstruction, *i.e.*, deficient reception of nourishment into the intestines, we may with tolerable certainty conclude that there is either a total disorganisation of certain of the smaller intestines, or chronic inflammation of these organs. This condition, which is fortunately a rare one, is designated by the term *atrophy*.

But these varieties, with their several gradations and classifications, need trouble us little, for they are in fact one and the same disease.

This disease is so prevalent among us, and often so fatal, that it is of the utmost importance our attention should be drawn to the dangers which, in this climate especially, threaten the lungs, bronchi, and larynx, which are the usual seats of it. And when the fact is known that fully a sixth of the inhabitants of London are the victims of two of the most fatal forms of it, *viz.*, phthisis and tabes, it will at once appear how necessary it is we should be well on our guard against any derangement of the pulmonary organs.

It is of the greatest importance to mark the commencement and first development of all pulmonary disorders, because it is only then that *real help* is possible, and that the complete development of the disease can be prevented.

Before discussing the different forms, stadia and symptoms of the malady itself, I would beg my reader's indulgence while I sketch a few of the features which

indicate a constitutional or acquired predisposition to it. A tall, often elegant figure, with rather long neck, remarkably white teeth, the thorax somewhat flattened over the lungs, a very pale complexion, or, if there be colour, a bright, sharply-defined flush, leaving the rest of the countenance transparently white. There is also a slight tendency to stoop, in almost every position, which produces a corresponding prominence of the shoulder-blades, and great debility of the spine. Nay, this stooping habit of body, whether the result of weakness, laziness, or negligence, is *in itself* often enough to induce pulmonary disease. It is easy to see how in this way the free and normal circulation of the blood through the lungs becomes obstructed; how, in consequence of the imperfect respiration which results from the habit, certain clusters of air-cells are compressed, and lose that fair play and power of action which is so necessary to life; and how from this habit, at first acquired and finally persisted in, congestion of the lungs is all too certain to issue; and I can tell the reader that nine-tenths of the pulmonary diseases, which are ultimately fraught with such suffering and misery, commence with congestion of one or both lungs.

The importance of preserving and maintaining in full healthy action the organs of respiration, constitutes the necessity there is for the frequent inhalation of PURE FRESH AIR; *not forcibly, or with an effort, but gently and gradually drawing in the pure air, and impregnating the lungs therewith, until the action can be felt under the*

sternum, and also as gently and slowly exhaling the used or carbonised air.

This should be repeated twice or thrice every quarter of an hour. This may appear to some a hard exaction, but really it is no such thing, for if persevered in at first it will gradually become more and more of a habit, and ere long require no conscious exertion; while the habit of steady inhalation thus acquired will tell beneficially not only upon the organs of respiration, but upon the entire circulation of the blood.

The years during which the most care and attention are necessary are from the sixteenth to the twenty-fifth or the thirtieth, this being the period when the process of sanguinification is most active, when the ardour and vehemence of youth tend to urge the blood more towards the heart and lungs.

Hence we generally find that pulmonary diseases develop during the period abovementioned. Later in life the same causes, in most instances, induce *asthma*, seldom *phthisis*.

Parents ought, therefore, to devote particular attention and watchfulness to their children during this period, especially when the growth is rapid (commencing and terminating, *i.e.*, in the course of one or one and a half years). It is almost inconceivable to what degree rapid growth predisposes the body to pulmonary disease. The reason is, that the *thorax* is seldom symmetrically developed; its development in length being usually in excess of that of its width.

Hence the necessity of *careful* watchfulness, just at this period, in order to *avoid* everything which may provoke a tendency to the disease, such as, running swiftly, singing, sudden change of temperature, passing from a very warm atmosphere to a very cold, exposure to particular winds (north-east or east), &c. I repeat that people who are too tall are much more prone to pulmonary disease, than those of short, thick-set stature.

The period of puberty is also one which calls for especial care, the greatest discretion in every respect being necessary, more especially with the female sex.

Here the diet is especially to be attended to. All acidity in the aliments must be guarded against, as well as the use of crude salt. Bathing in cold water, in fact every chill, is most hurtful. No uncooked fruit, no smoked fish or smoked meat, no cheese should be eaten. The excessive use of spice, coffee, wine, in short, all aliments having a tendency to heat the blood, should be carefully avoided; for this excites, or stirs up, the circulation in the lungs and creates coughing and slight congestion. All this, I repeat, *should* be avoided during the years of development, the blood and juices being at this period exceptionally prone to irritability. Indeed, if I may be pardoned the expression, the whole system may be said, during this period, to be in a state of fermentation; and by the errors in diet, such as indicated above, acridity (*Schärfe*) is generated in a more or less degree, such that, as it is assimilated in the blood and lymph, it will be found extremely difficult, if

not impossible, to eradicate it from the system in after years.

Experience, in the application of my curative system, has taught me that pulmonary diseases have but two distinct periods, although it is generally allowed by orthodox men to have three.

The first period, in my opinion, is that during which the disease, as shown by the pulse, gait, cough, expectoration, fever, complexion, voice, &c., *has not yet reached its full and entire development.*

I have been compelled to include in my "first period" nearly the whole of the orthodox "second period," as I have several times at this stage, by God's help, succeeded in completing a cure, when all hope of recovery was *supposed* to be past.

In this so-called second (orthodox) period, symptoms are included, which, according to the orthodox, belong absolutely to cases of incurability; as, for example, frequent attacks of coughing, with more or less expectoration of blood, the blood being at times red and poor, at others of a darker colour and thicker; frequent attacks of diarrhoea, alternating with constipation; slight swelling of the feet; great degree of sleeplessness at night; perceptible emaciation; a greater proneness to excessive perspiration during the night than at the commencement of the illness; cloudy urine, with a kind of greasy deposit on the surface; increase in the fever; one or two *exacerbations* almost daily; excessive languor, with laboured breathing, and without any apparent cause; cold shiverings and hot cheeks. In my

system of natural healing, all these symptoms are included in the *first* or *curable period* of phthisis.

I might now enumerate the symptoms of the second period, but of what avail would it be? It is the period of *incurability*; consequently every discussion about it, in this book on methods of cure, would be out of place. I wish to help and warn, but not to terrify.

In most cases pulmonary disease commences with a simple and seemingly insignificant catarrh, which, on that account, is too often neglected. It is a common cough, perhaps acquired by a chill, which, however, the patient cannot shake off, and which, on the slightest occasion, returns with increased vigour, and thus imperceptibly glides into the lungs, and by-and-by develops, more or less rapidly, into complete phthisis.

In the case of ACUTE INFLAMMATION OF THE LUNGS (as, for example, after much riding or skating in the keen air), the patient should immerse a thin piece of flannel, thrice-folded, in hot water, and, after wringing it, place it upon *that* spot where the shooting, stitching pain is, permitting it to remain on the sensitive spot until the warmth is no longer felt; *then* he should repeat the operation until the pain is entirely gone, after which the patient should rest in a horizontal position, and indulge in very little active exercise or walking.

The diet must be antiphlogistic (non-heating); no meat, none at least during the four or five days following the attack. For an inflammation is very prone to return; and it is these relapses which *surely* create disease of the lungs.

Also the inhalation of sharp irritant matters should be avoided, as dust, tainted air, such as is often found in the neighbourhood of a gasometer; as well as the inhalation of chemical metallic vapours, and residence near a factory for chemicals, &c.

As certain as *fully developed* phthisis can very rarely be cured, so *equally certain is it that there is a possibility of preventing its development to serious issues.*

It should be observed that, in cases of *phthisis ulcerosa*, in which the ulcers have arrived at the stage of suppuration, accompanied by much expectoration of matter, those who have habitual intercourse with the patient must be very careful; for it is not to be denied that at this stage of the disease there is a certain *contagion* present, and that for those having a disposition to phthisis, the inhalation of the air, thus corrupted by the patient's breathing, may prove very deleterious.

Hence it is of the greatest importance that the air in the sick-room be frequently changed and purified, but *naturally* so, *i.e.*, by a current of air passing through the sick-chamber out of reach of the patient. It is scarcely necessary to say that the purification of the air by vinegar, acids, &c., would be most injurious to the sufferer. Also, the vessel used to receive the expectoration must be thoroughly cleaned out every two hours, and not permitted to remain in the room longer.

As I have been successful in two instances in effecting the total restoration to health of two individuals suffering from closed lung-tubercles (*vomica*), and in

an advanced stage of the disease, I think it right to introduce here a few observations that have been suggested by them.

The symptoms of closed lung-tubercles only slightly resemble those produced by the open lung-tubercles which form on the surfaces of the lungs. The former are seldom accompanied by a cough; and when so, it is a short, sharp paroxysm of coughing, entirely devoid of expectoration. This irritant cough, coupled with a slight difficulty in breathing, and a relaxed, exhausted state of the whole body, are the principal symptoms of this morbid condition. It is very rarely cured when chemical remedies are applied, because by these the seat of the disease is *never* reached.

This particular kind of ulcer is more liable to form in the internal portion of the lungs; it is mostly the consequence of previous inflammation of that organ. It is composed of a kind of membranous *sac*, which is filled with matter; this matter being formed by the *decomposition of air-cells*, which slowly, but surely, infects the surrounding healthy portions of the lungs, first rendering the air-cells inactive, and thereafter, by decomposing these in turn, increasing the matter contained in the sacs, and so aggravating the malady.

The only way to render real help is to open the hitherto closed tubercles, whereby the suppuration may be expelled.

To effect this difficult object, there is really no other treatment than *Ling's Curative Movements*, a simple diet, and drinking plenty of milk and fresh whey.

The two cases which I was instrumental in curing were of the following character :—

The first, a gentleman under twenty-five years of age, whose right lung was affected, and who was told, at the time of our acquaintance with him, that his sole hope of recovery depended upon his leaving England at once, and residing for at least two years in Madeira.

After he had been treated according to Ling's system for pulmonary diseases for four months and two days, he complained of pain, accompanied by heat, in a spot on the right side of the chest. This took the form of an abscess, which one day of itself, after a severe and very painful fit of coughing, all at once burst forcibly. After this the wound remained open for two days, and there was a small expectoration of matter ; when it had ceased, the abscess closed, as it had opened, of itself.

For several months following there was great debility. But as this gentleman is alive now, and in good health, I must conclude, that after the suppuration the wound (*cavity*), which had previously contained the membranous sac, must have emptied itself fully, and that it has now become cicatrized.

The second case was that of a young lady, of considerable personal attractions, who had been the subject of many consultations on the part, among others, of very clever physicians. Her seemingly hopeless condition was due to nearly three years of tight-lacing. When I was first introduced to her, the pulse and respiration were frequent and feeble.

It was some time before we persuaded the lady to abandon the corsets during the time she might be under treatment ; and when at length she consented, we commenced our method of cure.

More than five months elapsed ere we saw good reason to hope for her recovery, and that was afforded by the observation of a trifling increase in her weight. She then complained of a pain in the right hip and the shoulder-blade ; there was also a very small swelling under the arm, but unaccompanied with pain. It was a closed tubercle, which had suddenly emptied itself internally, and which nearly cost the lady her life, for as the matter emptied itself in the bronchi, she was all but

suffocated. Here also Ling's Curative Movements were applied, in conjunction with suitable strengthening diet, and a small quantity of hot-water vapour in the apartment to moderate the sharpness of the winter atmosphere.

The cure in this case was almost greater than in the former. The lady still lives, is married, is the mother of two fine children, and weighs over ten stone.

Let us now enumerate some of the remedies which *art* would have recommended and applied in both cases :

Chemical remedies—

- | | |
|----------------|----------------|
| 1. Digitalis. | 3. Dulcamara. |
| 2. Gelatinosa. | 4. Hyoscyamus. |

Also :

Seltzer water, with milk.

The EGER (in Bohemia) mineral springs.

Asses' milk.

EMS (Prussia) water.

The freshly-pressed juice of cucumber.

Vapour of marjoram or myrrh boiled in water, the steam to be inhaled two or three times daily, for from three to five minutes each time.

Tar-fumigations in the sick-chamber.

Inhalation of chlorine and carbonic acid.

Residence in the vicinity of cow-stalls.

The inhalation of petroleum.

Change of air to Nice, Pisa, Hières, Madeira, &c.

In this enumeration I have included not one half of the remedies resorted to by *art*, in the vain endeavour to produce therewith beneficial results. And is not this multiplicity of remedies a proof of the helplessness

to which, in such cases, art is subjected? Why not follow natural and simple rules? Why not avail ourselves of those remedies which are at our immediate disposal? Why seek forcibly to effect all and everything through the stomach? It cannot be too often repeated, that the re-establishment of the circulation of the blood in the capillaries of the lungs, and the renewed activity of the air-cells, is the *first* and *most necessary* step in the cure of disease, and especially all derangement in the pulmonary organs; that no cure must be so much as thought of, until these two evils have been remedied; and that all remedies which do not aim at effecting, and do not effect this, are utterly valueless.

Now the reader will ask, In what way is the circulation of the blood and the activity of the air-cells to be restored?

I answer, By Professor Ling's Curative Movements, by the *skilful* and proper use of which the blood is urged into the extremities, thus abducting it from, and relieving the congested portions of, the lungs; and by the different and appropriate positions the curative gymnast places the patient in, by which activity is restored.

It is scarcely necessary to observe that under these movements the patient must be totally passive, for the smallest exertion would certainly be injurious to any one suffering from debilitated or diseased pulmonary organs.

Professor Ling has constructed a couch or chair expressly adapted for these purposes, the patient being

placed thereon in such postures as will enable him to breathe without the slightest exertion. The lungs are thrown into different positions by the operator, or operators; and it is in this way especially that the diseased group or groups of air-cells are acted upon, so as to stimulate their activity, an operation the repetition of which will strengthen them more and more.

The stimulating process above described must be continued every day for several weeks—in some cases for months—until the lungs are restored to their normal condition; until, first, the *progress* of the disease is checked, then subdued, and finally the lungs recover their elasticity and their full powers of respiration. I fancy I hear the reader exclaim, “Every day for several weeks or months! how dreadful!”¹ And yet what is this small discomfort compared with the re-establishment of the strength, without which perfect health is impossible? As a matter of course the curative gymnast must be a man of skill, in order to form a correct diagnosis of the extent of disease in the lung or lungs, bronchi, or larynx of the patient entrusted to his care. He must be well versed in the use of the stethoscope; notwithstanding that even this is at times apt to mislead, as we cannot know to a certainty whether the sound which we hear, on auscultation, in the lungs or bronchi, is caused by mucus or by matter (tuberculous suppuration). Here I can suppose my reader to ask me, “How is it possible to free the patient’s lungs from

¹ It is well to call to mind here the length of time required by the orthodox treatment, often years, and the fruitlessness of it in many cases, to boot.

the matter which becomes deposited there, by the bursting and consequent suppuration of ulcers or tubercles?" To which I reply, Leave that to nature. Through expectoration, sometimes through vomiting, nature expels this abnormal matter from the lungs. *To strengthen the lungs, and render them fit to expel this impurity, is the aim of the curative gymnast.*

We have already seen with what extreme difficulty a real disease of the respiratory organs is removed. I would refer the reader once more to the rules laid down in the beginning of this chapter for *prevention* of this distressing malady.

Tabes.

The cases of tabes that have come under my cognisance have been very numerous; but of one and all of them I have only painful remembrances. Not one of the nine cases which I treated was absolutely under my care; there was always some hampering circumstance which tied my hands, and enfeebled my exertions. I was thus placed in the painful necessity of declining the further treatment of five of these after a very short time. It was, for example, impossible to keep up the improvement in the symptoms of a gentleman suffering from *tabes dorsalis*, when he was permitted by his medical adviser to take half a bottle of port wine for lunch, and the remaining half for dinner, who also prescribed ten drops of prussic acid on sugar twice daily in order to strengthen (?) the spine. His medical adviser prescribed this because he believed that the tottering,

uncertain gait of the gentleman was the result of a fall from his horse, which he had sustained some time previously, and that his disease was but a temporary paralysis of the muscles of the leg; and he permitted his patient to be operated upon by me because he thought that a *few curative movements could do him no harm*. The reader will understand that, on being informed of these facts, I was forced to decline further treatment of the case.

Though there is no doubt that when once tabes has taken root, as it were, in the system, the consequences are no less serious than those which proceed from phthisis, of one thing I am convinced, that if more time and confidence had been accorded, we should have succeeded by the natural treatment and remedies in effecting a cure. By improving the circulation, and a consequent total change in the nourishment of the body, we could scarcely have failed in gradually diminishing the exhaustion of the strength and juices, and also in removing the fever, supposing that to have been present.

Tabes is usually transformed into phthisis in the later stages; hence the diet and régime are, in the case of it, similar to those already recommended in the case of the latter.

CHAPTER IV.

THE disease having similarity in all its symptoms, except one, with phthisis is

Asthma.

The chief characteristic of asthma is a peculiar difficulty of breathing or respiration, combined with great weakness, which is aggravated by the slightest exertion or movement of the body; the exertion or motion of the arms, more especially that of raising them *above* the head (such as in lifting windows, pulling up blinds, &c.), occasioning a *wheezing, whistling* sound, in addition to the shortness of breath.

The only true distinction between phthisis and asthma lies in the pulse. We never find fever accompanying asthma; and if at times the action of the pulse should be heightened, it is always of short duration, and generally after a sharp attack of coughing or shortness of breath, which is invariably the result of an excited conversation, altercation, discussion, or other pulmonary exertion.

In some kinds of asthma the patient is troubled with difficult respiration, and has the same cough and expec-

toration as in phthisis; and only the *chronic* fever and emaciation are wanting, this being, as already said, the only distinction between the two diseases.

Asthma is almost always accompanied by cough, either with or without expectoration, the latter being the more troublesome.

In some instances the cough is stationary, and, if so, usually accompanied by expectoration, which affords relief. In others, again, where the cough occurs in paroxysms, the patient is unable to expectorate, which renders the malady more painful and exhausting.

The *causes* of the malady are invariably *local*, *i.e.*, imperfect circulation of the blood through the lungs; hence congestion, accumulation of mucus, local swellings or thickenings of the vessels, &c., which are not unfrequently transformed into tubercles, or expectoration of blood (*hæmoptysis*), and are then accompanied with frequent, slight, acute attacks of inflammation of the lungs. The disease is seldom fatal, as long as no other disorder becomes developed; as, for example, dropsy, *i.e.*, watery extravasation, commencing in the extremities, and subsequently seating itself in one or more of the internal cavities of the body, particularly the chest.

Strictly speaking, asthma should be classed under the category of nervous diseases, that is to say, as a usually periodical cramp or spasm of the respiratory organs. In many cases asthma is the result and symptom of hypochondria and hysteria; hence there is no cause for alarm, even if an attack of suffocation should take place.

In this case the following directions must be attended to :—Keep the patient in an upright sitting posture, place yourself, standing on a chair, immediately *behind* that on which the patient is seated and held upright. Lean forward from your elevated position towards the patient; place your hands, one under each of his shoulders, and raise him a little, but not too suddenly, or with a pull or jerk, but gradually and gently, allowing him to glide softly into the old position. Repeating this ten or twelve times, the apparently death-like attack of suffocation, which was really nothing more than a seizure of cramp, will soon be over. Administer slowly and carefully one or two tea-spoonfuls of lukewarm, not too rich, milk, and in a very short space of time the breathing will be perfectly free.

I have purposely refrained from going into, or even enumerating, the specific forms of the disease, as being of no practical use to the reader. It is more desirable he should be familiar with the *symptoms* of the malady which we are at present discussing, for thereby he will much more decisively recognise its presence.

The objects to be aimed at in a cure of asthma are as follows :—The loosening of the *phlegm*, which attaches itself to and clogs the bronchial tubes, hindering the normal action of these organs; solution of the thickened and congested blood in the lungs; removal of all feculant impure matter from the lower intestines, which often collects in connection with this malady; stimulating all the secretions, particularly that of the kidneys.

The frequent sipping of pure, clear, good water, fil-

tered, if possible, through charcoal, will be found of material assistance in loosening the phlegm; and notwithstanding that I myself am a great enemy of salt in crude condition, I can with confidence advise the use of *Friedrichshall water*—one glass, diluted with milk, if possible, every morning before taking food, followed by a good walk in the open air, weather permitting; or if the weather be unfavourable, active exercise in the house, such as *sawing wood*; for by this latter exercise not only activity of the skin is produced, but the *liver* is also acted upon, if the saw is worked by the *right* hand, and the *spleen*, if by the *left*. Only it is *particularly* necessary to maintain an UPRIGHT POSITION during the sawing exercise; for by assuming a stooping posture the lungs and bronchi are in a cramped, compressed condition, *and the whole arduous undertaking becomes not useless merely*, but positively HURTFUL. It is of material importance, of course, that the wood should be placed upon a sawing-bench, of such height that the patient may have neither cause nor pretence to stoop.

The *causes* of asthma differ greatly, particularly in elderly persons, for asthma is much less frequent among young people.

The artificial remedies are:

Sulphur, Antimon, Aurum.

Arnic, Senegæ.

Gummi ammoniacum.

Digitalis.

Mustard foot-baths. Issues on the arm above elbow.

In instances where the state of the nervous system

(*hysteria*) is held to be the primary cause, the following are selected :—

Zinc, Cuprum, Hyoscyamus, China Assafœtida, administered by enemas or otherwise.

Smoking the leaves of the Stramonium.

As nearly every individual who has the misfortune to suffer from spinal curvature is subject to asthma, it becomes a question of the greatest importance to *improve the curvature*. For there is invariably a more or less severe pressure on the concave side of the curvature: and if the pressure be on the left side, the *lung* and *heart* are hindered in their normal action, also frequently the *spleen*; while if on the right side, the *lung* and *liver* will be affected; in *either* case the colon and stomach are disturbed in the performance of their functions.

It is my intention to discuss the subject of spinal curvatures, as well in its causes as consequences, more explicitly in another chapter; to draw the reader's attention to the unnatural processes by which the person affected with this curvature is forcibly placed in the normal position of the body by the aid of wooden and iron machines; and to show how detrimental the consequences are to the already too enfeebled vertebræ.

Where asthma is a consequence of an affection of the heart, or, which is oftener the case, of malformation or organic irregularity of the larger blood-vessels, as aneurysmatic distension, ossification of the valves, &c., which hinder the heart in its free action, we naturally find symptoms totally different from those already mentioned. In the case just referred to, the slightest exer-

tion and movement is sufficient to produce sudden and severe oppression of the chest, sometimes accompanied with pain, palpitation, anxiety, fulness of the head, which changes to giddiness, and, when excessive, to swooning; besides an alternately irregular and intermittent pulse; a sensation as of a painful dragging, tearing, or oppressive weight mostly in the left arm, often combined with total numbness of that member; a sensation of pricking in the left arm-pit.

An almost *perfectly horizontal* position, something less than an angle of forty-five degrees, would be here the most advisable; for this gives relief, and tends to calm those attacks which are peculiar to the *asthma cardiacum*; *precisely the contrary*, it will be remarked, to those of *asthma pulmonale*, in which an upright position, rather inclined forward, yields the greatest alleviation.

It is remarkable that the primary CAUSE of *asthma cardiacum* is, in numerous instances, to be traced to a gouty metastasis on the heart. The treatment, which, however, seldom affords any *radical help*, consists in diminishing the action of the heart, and in preventing any too sudden or violent movement of blood in that direction. The patient must especially be spared all sharp and strong excitement; and the sudden announcement of a piece of good news closely affecting himself, would produce precisely the same effect as the tidings of the greatest sorrow; for *both* would cause a more or less abnormal dilation of the heart and of its larger vessels. The best, and perhaps the only, remedy which takes immediate and beneficial effect in a case of this

nature, is the application of cold water fomentations on the pit of the heart, with vigorous friction applied to the soles of the feet, particularly the left one; stroking the arms on the interior and exterior surfaces from the shoulder to the wrist downwards, particularly the left arm; the avoidance of all exertion the least violent; and the observance of a thoroughly *antiphlogistic* vegetable diet.

By aid of these combined curative methods regularly for some, say six, months, I have seen the gradual disappearance, and subsequently total cure, of this malady.

In this way it appears that hypertrophical and aneurysmatical dilatations of the heart may be eventually stayed, and the organic activity of the organ restored.

Whether the very common remedy of bleeding, application of leeches, or, in fact, any local blood-letting, is capable of effecting more than at the utmost a momentary alleviation, is extremely doubtful. These remedies, however, involve the certain disadvantage of urging the stream of blood more *towards* the heart, instead of abducting it *from* that organ.

CHAPTER V.

Whooping-Cough (Tussis Convulsiva).

THIS malady is one that is almost universally, and quite erroneously, believed to be entirely peculiar to infancy and childhood. I can, however, assure the reader that I have repeatedly met with it in adults, although, because of its extraordinary severity, as well as the longer duration of the paroxysms of cramp, it, in that case, goes by another term. This troublesome malady affects equally lungs, bronchi, and larynx, through the cramp-like concussions which communicate sensitiveness to these organs, induce weakness, and may lead to a chronic inflammatory condition of them. This disease, when neglected, or of lengthened duration, particularly in adults, may also be developed into phthisis.

The reason why childhood can combat with and resist this malady better and longer than adults, is presumably owing to the fact that in childhood, though not in infancy, the substance of the lungs, as well as larynx and bronchi, is more *elastic* as well as softer than at a more advanced age ; hence the resistance to the paroxysms of cramp is of a much less energetic and more yielding nature, and in the case of *this* malady at least there is less disposition to inflammation than in riper manhood

and womanhood, notwithstanding the heightened activity and productivity of the blood in youth and childhood.

But to return to the malady itself.

The symptoms at the commencement of the illness usually resemble those of a catarrhal cough, only combined with feverishness. At this stage an inflammatory condition of the lungs may be easily brought on; the effort of breathing also *during* the paroxysm of cough is attended with a wheezing, piping noise. After the lapse of one or two days, the cough makes its appearance as a purely spasmodic or cramp cough, *without* fever, and continues thus for several weeks. The turning-point to improvement is slow in determining itself, and scarcely perceptible, the paroxysms of cough continuing for some weeks; but the *intervals* between them are of longer duration, and the attacks themselves are somewhat lessened in their cramp-like severity. The DURATION of the disease is from five to twelve weeks, provided it has had moderate fair play in the treatment. The attacks or fits themselves are of unequal length and intensity, and they follow each other with great rapidity, only interrupted now and then by a long-drawn wheezing *inspiration*, not seldom terminating in vomiting, succeeded by a pause of great exhaustion.

These are the symptoms as they ordinarily appear in children and young people of from six to fifteen years of age. An attack usually lasts several minutes, seldom a quarter of an hour, the poor little sufferer being thereafter, as a rule, left in peace for three or four hours, or thereabouts.

The utmost caution must be taken during the night, when the attacks are, for the most part, of a much more violent nature, and the intervals between the fits are shorter than during the day.

The patient must be spared all excitement, provocation to weeping and laughter; even the reading of narratives, tending to excite emotions of a painful or pleasurable nature, should be strictly avoided. The attacks are generally more violent every alternate day; in the intermediate period the breathing is easy, there is no pain in the chest, and the lungs are free in their action. In short, the patient is on the whole perfectly well, with the exception of the general weakness.

The disease is *not* dangerous to life, even in its most severe stages, but may easily become so in its consequences, *i.e.*, when developed into *phthisis* or *tabes*.

The cause of this malady is traceable to nervous irritation, particularly in the *nervous phrenicus vagus* (the nerves of the diaphragm, stomach, and lungs), occasioned by a peculiar contagium, originating in the atmosphere, but which eventually spreads from one individual to another. I know of a case in which a nurse, of more than seventy years of age, caught this malady by nursing a child of eight who was suffering from it, and she passed through all the stages of the illness, and overcame it happily.

It is the nervous irritation or susceptibility referred to which excites the convulsive paroxysms, the intensity of which often reaches that of epilepsy. In my experience the two primary causes, besides the usual one of taking cold, are constipation and an accumula-

tion of phlegm, caused by eating too many sweet-meats and confections; hence the increased secretion of phlegm in the stomach and lungs, combined with great nervous irritation of the larynx and bronchial tubes, to which we may also add increased secretion of bile.

I have also known instances in which the severity of the paroxysms has produced an inflammatory condition of the lungs, but those were delicate, weakly persons and children.

Whooping-cough may, from its peculiar nature, be classed among nervous diseases; it is in rare instances liable to assume an inflammatory character. When acquired by contagion, it requires, moreover, a certain time to run its course; just as measles and smallpox, although in no form or manner allied to it, go through their various phases, arrive at a crisis, and then gradually subside.

The principal curative remedies are—*rest, purification of the stomach and intestines*, which is most effectively secured by enemas of oil, water, and a trifle of soap *without soda*; taking frequent sips of a cooling beverage; *milk*, diluted with half the quantity of pure, but by no means cold, water. Should the cramp-like convulsions and fever¹ increase, warm flannels, the temperature of which may be gradually increased, must be placed over the whole abdominal region and chest, though the *hottest* of these must not possess a greater degree of heat than can be borne by the nurse for the space of three-fourths of a minute on the back of the hand before

¹ The feverishness here alluded to is nowise allied to that at the commencement of the malady (p. 50), but is purely the result of the paroxysms.

placing it upon the patient. Pure, fresh air, not cold, in the sick-chamber is also, in this case, of the utmost importance.

In the *commencement* of the illness there must be the strictest regard to *diet*: watery soups, prepared with a little toast and a very small piece of butter, *no pepper*, and *scarcely any salt*. This regimen, with the sipping of milk and water, must be continued during the first few days. When the feverishness of the pulse is to some degree abated, let the patient have a soup of barley, boiled long and strained; semolina, boiled in milk and water, in the form of a *purée*, *no sugar or butter being added*.

The patient must be entirely free from fever, and the cramp-like convulsive seizures must be decidedly on the decrease, before he can be allowed to have an egg beaten in his water soup. But during the whole course of the malady, all fruit - jellies and syrups must be *strictly prohibited*.

All vomiting, however excited, especially when excited by *natural* methods (see Gastric Fever), must be carefully guarded against, because thereby the cramp, which is a characteristic of this malady, is increased; and even supposing the cough to be nearly or quite subsided, an enforced remedy of this kind may give rise to a still more obstinate return of the bronchial spasms.

Whooping-cough, in its final stage, *i.e.*, its progress towards convalescence, assumes a variety of forms, according to the constitution of the patient.

Should the cough still continue, after having already

been present for some weeks, notwithstanding the fact that the patient is quite free from even periodical feverishness, we may conclude that the pertinacity of the bronchial spasms is due to excessive debility, in which case *warm malt-baths* will be found particularly strengthening.

The malt used must be as fresh as possible, and if circumstances at all permit, it is best hot, *direct* from the brewery: the quantity from four to five pints.

The diet must be nourishing:—Strong gravy soup of not fat meat, with the yolk of an egg beaten in it, and some sago or maccaroni that has been *previously* boiled soft, and put in the broth when served. Meat and all heavy substantial nourishment must be forbidden, until all signs of irritation in the bronchi have entirely subsided.

There is another malady related to the above which demands very special consideration, not only because it belongs to that class of diseases which may eventually develop into complete phthisis and tabes, but also because it is more particularly liable to attack a class of men to whom the community owe so much, and who are the more subject to it, the more faithful and conscientious they are in the fulfilment of their calling. I mean that disease, for such it is soon developed into, which is commonly known by the name of

Clergyman's Sore Throat.

Chance, and perhaps also several very satisfactory cures of this evil effected by my method upon some

eminent men, brought me much in contact with patients suffering from it, and afforded me ample opportunities of observing it in almost all its symptoms and phases.

This disease is very stealthy in its mode of attack, and in most, if not all, cases it begins with a slight sensation of huskiness or hoarseness after speaking, a circumstance which usually causes it to be at first totally disregarded. This hoarseness subsides after a few days, but *returns* as soon as the organs of speech are again exerted, and is by-and-by not unfrequently accompanied by a trifling, scarcely noticeable, cough. A certain sensation of weakness or exhaustion is also felt in the muscles of the throat, glands, and larynx; upon which a friend, who notices this, tenders the all too common, but not less foolish, advice, "You must do something for it;" as if that were not the bane of the whole artificial system of cure, and the source of nearly all the misery that it entails upon the subjects of it.

For in spite of all this advice and attention to it, in the use of pills, syrups, plasters, cantharides ointment even, the hoarseness returns at shorter intervals, is each time of longer duration, and is accompanied by a singularly unpleasant irritation or tickling, which excites cough, in the cavity of the lower portion of the larynx.

At this stage the sufferer becomes apprehensive, and, like an intelligent and educated man, loses no time in consulting some physician of known ability. Here chance comes into play: if the physician is a rational and unprejudiced man, and if he is in the position to devote sufficient time to a full, accurate investigation of

the case, it is well ; but if, on the other hand, he is a theorist, who, confident in the infallibility of his medicines, treads without misgiving the old paths of error, the matter assumes a graver aspect, for *then* what was a trifling disorder is, in his hands, transformed, slowly but *surely*, into a chronic malady.

Supposing, for example, the theorist regards the evil to be the result of a catarrh, he will prescribe *salmiac* or *liquorice*, or both together, after a recipe which he has prescribed to hundreds of persons, and will, in all probability, if spared, prescribe to hundreds more. He will order this prescription with the best intentions, and without the slightest doubt as to its ultimate efficacy, but, of course, it does *not* prove efficacious, and the disease becomes, as we say, slowly but surely worse.

In spite of the punctuality with which the medicine is taken, and the conscientious observance of the medical advice, the evil is *not* removed ; on the contrary, new symptoms are added to the former ones, as, for instance, a sensation of dryness and relaxation in the larynx, particularly whilst coughing, which now at length comes on at shorter intervals, and is accompanied by expectoration.

Later on, in addition to the symptoms indicated above, a slight but extremely unpleasant, prickling, burning sensation is experienced in the larynx. At times this is without pain, but on external pressure being applied to the larynx, a painful sensation is felt. When symptoms of this nature set in, the sufferer naturally becomes very alarmed. He repairs in all

haste to his medical adviser, of whose skill and insight he perhaps begins to entertain some slight misgivings. That gentleman receives him with a friendly smile and an air of calm, self-satisfied assurance, listens attentively to the sufferer, and, after a pause replies: "I should indeed have been pleasantly surprised if all had not taken place exactly as you have described it. All these symptoms are a part of the disorder, and belong to it, just as the millstone to the mill. You must not permit this to occasion you the slightest uneasiness. These little weaknesses of the throat are extremely common amongst gentlemen whose vocation imposes upon them an unusual amount of speaking. I can clearly perceive that what you require is *rest* and *change of air*. Suppose you were to take a tour in a warm dry climate. We are now in the month of May; the mild season is commencing; suppose you go to Egypt, or, better still, to the Holy Land, for a short time. A stay of from two to three months must entirely re-establish your health."

It has always appeared inexplicable to me, why sufferers from disease in the respiratory organs are recommended to take just *this* very voyage. Circumstances compelled me to reside for a lengthened time first in Aleppo (Syria), and subsequently in Alexandria and Cairo; I also travelled, *en route*, through the Holy Land, in September. In Egypt and Syria I certainly did experience heat and drought enough, but also *that peculiar interminable dust-drift, which not only parches the mouth and throat, and excites continual thirst,*

but also occasions an inflammatory condition of the Meibomian glands, and renders the use of dust - spectacles necessary as a preservative for the eyes. But even if the sufferer should be recommended to a residence for a time in any other land or climate, the mere journey and residence would certainly not have the effect of curing his disorder.

In most instances my advice and assistance have been sought only after the sufferer had already made one or two voyages for his health, and when, in addition to that, every possible variety of remedies had been resorted to without material benefit.

How often have I wished in such cases, as in others in which the harmony of the natural action and reaction of the bodily functions is disturbed, that I could impress upon the patient this physiological truth, that it is *only* by *gentle* and *natural* means it is possible to restore the lost equilibrium, without creating *real harm* to the organisation, and without producing deleterious results; and that under a system of forcible remedies, *i.e.*, strong and violently acting ones, such as are agreeable to the usages of medicine, the disease itself is but SUPPRESSED, NOT CURED, *for the germ of the disease being latent in the system, sooner or later reappears, in most cases assuming a different form of illness, with entirely different symptoms.*

The cure of disease by natural means requires a certain amount of time, because the stages or phases which have to be passed through take time. If this period be forcibly shortened, even if the patient under the treatment should feel better, we may with certainty conclude that the malady has only been *suppressed*,¹ and that it still exists in its germinal form, working its evil

¹ I am here alluding especially to acute maladies—intermittent fevers and inflammatory conditions, or diseases in which the germ of inflammation is latent, and may very easily assume a really inflammatory character.

effects, and that as soon as the counteraction of the medicine or medicines has ceased, the disease will return either in its original purity, or else accompanied by other symptoms.

As long as the symptoms above indicated do not become more aggravated, and there is no increase in the hoarseness and partial failing of voice, the malady cannot be considered dangerous. At this stage much may be done by an entire cessation of all exertion of the organs of speech, a good milk diet, very little meat, and the avoidance of all phlogistic, *i.e.*, heating nourishment, frequent walking, for brief intervals, at a slow pace, in the pure, warm, sunny air; and after each attack of coughing, whether of long or short duration, of a violent or feeble nature, a sip of pure, not too cold, water.

The careful observance of these rules is almost enough to effect a thorough cure. But there are two indispensable moral agents which we must call to our aid—*courage* and *patience*; these are as much required of the patient as of him whose duty it is to watch over the cure. For in this tedious malady, which is often of long duration, these qualities are essentially necessary to insure the ultimate attainment of a materially beneficial result.

In the second stage of the disease, the slightest exertion of the throat excites cough, and the act of swallowing is attended with a somewhat painful sensation. At times there is a feeling of feverishness, alternating with shivering, particularly after breakfast or lunch. From what has been said, the reader will understand the importance of attending to the malady at the very

commencement, and of the observance of the rational treatment to ARREST ITS FURTHER PROGRESS.

The cause or origin of the malady is in many cases a neglected catarrh, also strumous or syphilitic *metastasis*, and undue effort in singing or speaking. If this malady, *which cannot be cured by medicine in any form*, be altogether wrongly or violently treated, the result will be that *suppuration* of the *mucous membranes* of the larynx will set in, and by-and-by the destruction of their tissue.

When the seat of the disease is in the *bronchial glands*, the treatment is, of course, different; but the decision of *this* is the duty of the healer, and would be of little or no interest to the reader. We will content ourselves, therefore, by giving him a few directions, which have been proved and tested by experience.

If after speaking for a somewhat lengthened space of time, in a loud or vehement manner, a person begins to experience a certain *hoarseness* and fatigue, accompanied by a perceptible decrease in the resonance and strength of the voice, it will be advisable for him, after taking perfect mental and bodily rest for the space of an hour or two, to bathe the throat, neck, and whole surface of the chest (not lower than the pit of the stomach) thoroughly with *cold* water, thereafter drying the parts with a rough towel, rubbing it lightly over the surface of the skin for three or four minutes, in order to produce a reaction of the skin, *i.e.*, diffusion of warmth; these washings, &c., to be repeated some three or four times at short intervals. The same evening, before going to bed, take a strip of linen, one and a half yards in length,

and of the same width as the neck, place it in cold water, wring it, and wind it loosely round the throat; a strip of flannel of equal dimensions must be bound lightly over the linen, and securely fastened, the whole to be put on on going to bed, and retained through the night.

If properly applied, the action will be as follows:—At first there will be a cold, chilly feeling in the throat, which after a short time will change to the natural temperature of the blood, and subsequently increase to almost such a degree of heat that perspiration will break out over the neck and throat. This will go on for hours, and the compress must *not* be removed until the activity of the perspiration is over, which usually takes place at about six or seven o'clock the following morning. The throat may then be bathed in fresh, cold water, that has not stood in the room overnight. After which a piece of flannel should be wrapped round the throat, and over it a large silk neckerchief, it being very desirable to gain a little after sweating, if possible. The patient, for so we must designate him for want of another term, may then take a light breakfast—*no meat, no fish*, but one or two boiled eggs, with good, light, brown bread, sparingly spread with butter; *salt*, it must be borne in mind, to be avoided as much as possible.

After breakfast some of *Ling's Passive Curative Movements*, applied to the *larynx, bronchial parts, lungs*, and the abdominal region, would have an excellent curative effect, and their normal elasticity and strength would in a few weeks be entirely restored. But as *Ling's Curative Movements* are not to be had everywhere, especially

in their skilful and correct use, I shall venture upon another suggestion.

After breakfast, and after a short but not fatiguing walk, bare the throat, and begin to rub, or rather *stroke*, gently both sides of the neck, from the occiput, passing over the jugular vein down to the small hollow of the throat. It might perhaps be desirable if this were effected with the *outer* surfaces of both hands, especially should the inner surfaces of the hands and fingers be any way hard and unpliant.¹

The diet, as already observed, must be light. Fresh vegetables may be freely partaken of; boiled meat in preference to roast; beef to be eaten sparingly, and then *not* roasted.

In all I have said, my readers will allow me to remind them I am here referring to the first and early stages *only* of the malady. Artificial remedies are—the continued application of blisters on the neck at the commencement of the malady; from time to time, *i.e.*, when pain is felt, leeches applied to the neck. Internal remedies: *Hepar. Sulphur*; *Dulcamara* (decoction and extract); *Calx Chlorin*, dissolved in *Aqua Laurocerasi*; the saline springs of Eger in Bohemia; and, lastly, *Myrrha* and *Calomel*, until salivation commences.

I would very fain have treated of some few phenomena of a disease having relation to the organs of respiration, namely, *pleuretic* affections. On closer considera-

¹ This movement may also be applied to the patient in a sitting posture, with the back supported, if the application of it in a standing position of three or four minutes' duration should prove too great an exertion.

tion, however, it appears to me not only that this subject might possess but a limited degree of interest to my readers, but that it is possible I might not be perfectly understood; for such a discussion, to be intelligible, implies a more intimate knowledge of the structure and physiology of the organs of respiration than is usually possessed by those who have not made the human organisation their especial study. I shall, therefore, turn to another class of diseases under which, in these days, the human being, particularly in large cities, groans so heavily—I mean nervous diseases.

CHAPTER VI.

IT is an admitted fact that those who reside in the country, surrounded by pure air, and lead active, nay, toilsome lives, are by far less subject to what are commonly called *nervous diseases* than those who spend the greater part of their time in towns, in comfort and comparative inactivity. In idleness and rich living lies the germ, the root, of almost all diseases which are supposed to be the result of our (so-called) *heightened civilisation*, the nervous system being the one which is pre-eminently affected.

I find myself beset with such an array and variety of disorders, that it is difficult to select one from the bewildering group with which to open my chapter. The most natural and direct course for me to follow will, I think, be to explain briefly what is, in general, understood by the word PARALYSIS, before I proceed to the consideration of any of the specific disorders which may be classed under it.

Paralysis is a diminution, or total cessation, of the normal activity of nerve-power in single nerves, or certain groups of nerves, and involves the loss of either sensation or power of movement, or both. Its imme-

diate *cause* is an obstructed action of one or more nerves, or groups of nerves, which may be occasioned either by real lack of strength (debility); or by *external* obstruction of the nerves, causing loss of voluntary motion, &c., as *congestion or fulness of the vessels, swellings, dislocations*; also by *convulsive affections*, caused by *metastasis, specific irritants, particularly of the gastric organs, worms, &c.* Hence acute attacks of palsy, or paralysis, may alternate with convulsions—nay, in some instances, they are *accompanied* by pain and cramp.

Thus paralysis may emanate as well from the peripheries of the nerves as from the nervous centres. The most dangerous of all paralytic affections is that of the brain.

APoplexy—*Paralysis cereбрalis*.—The symptoms are sudden loss of consciousness, sense, and motion, notwithstanding which we meet in numerous instances with undiminished, if not increased, activity of the vital functions, particularly of the respiration and pulse.

An attack of apoplexy must be distinguished from others which, in their symptoms and phenomena, *greatly resemble it*; as *fits of epilepsy*, in which nearly all the phenomena are similar to those of apoplexy, only *convulsive twitchings* (and these are at times very feeble) distinguishing those of the former from the latter.

Attacks of Syncope.—In this case also the pulse is scarcely perceptible—in fact, to all appearance, it ceases to beat entirely. The respiration, too, is *hardly recognisable*.

An advanced stage of drunkenness possesses great

similarity to an apoplectic fit; but this is easily recognised by the strong odour of spirituous liquor with which the breath is impregnated, and by the less complete prostration of the power of motion. In apoplexy the attacks vary; sometimes they resemble a lightning-stroke, being equally swift and fatal; at other times the attack is *not* immediately fatal, in which case the patient remains in a heavy, insensible condition, like an individual in the most profound sleep, only with sonorous, snoring respiration. The pulse is slow, though often *full* and *strong*. The power of motion is entirely gone; in some very rare cases there is a spasmodic start or quiver, the state of the *pulse alone* distinguishing it from epilepsy. The pupils of the eyes are dilated; often the eyelids and lower jaw are somewhat relaxed. There is an inability to swallow, and an involuntary passage of the urine and the contents of the intestines.

The symptoms enumerated above are those of a *complete* and *perfect* apoplectic seizure. Sometimes the attacks are *imperfect*, the patient retaining consciousness, and only certain portions of the body being paralysed; in which case one of the following conditions may result:—

1st. The patient may become paralysed in the whole of the body, with the exception of the head.

2d. Or only one-half of the body may become paralysed.

3d. Or volition, or sensation, or both, may become paralysed.

The slightest attacks of apoplexy are those in which

the nerves of single muscles suffer paralysis; as, for instance, in the face, when one eye is smaller than the other, and the eyes squint in different directions; and the mouth also is partially twisted to one side.

I daresay the reader will wonder why I trouble him with all these unpleasant details. The reason is I wish to be useful to my fellow-creatures, which is also my sole motive for writing this book. I wish to place before them, and accurately describe, this very common disorder, which assumes such a variety of forms, and appears under such a variety of circumstances; to explain how in most cases it may be *averted*; and to indicate the few simple remedies which nature has provided, if not to cure it—for that seems impossible, and is as yet unheard of—then to secure such restoration to health as in the circumstances may be attainable. The only true and rational preventives are CAUTION and PRUDENCE; and these are so potent that they will, so to speak, render an attack impossible. And if I succeed in convincing my readers of the necessity of this, I shall have the certain satisfaction of feeling that I have not written in vain.

But to return to our subject. The symptoms of an attack of apoplexy are as follow:—Either the patient never recovers consciousness, and succumbs after some hours of ineffectual struggling; or consciousness is restored, when fever (usually remittent) sets in, with daily exacerbations, which either, after a crisis at the end usually of the seventh or fourteenth day, restores the patient, or during an exacerbation, mostly on the

third or seventh day, another apoplectic fit takes place, which then terminates fatally.

The fever is sometimes *intermittent*, and the attack of apoplexy seems as if it were only the first paroxysm of severe *intermittent fever*, the patient being, after the attack, to all appearance quite well; but on the following days the *paroxysmus apoplecticus* returns, and is then usually fatal. Should the second attack not prove so, the third, which is not long in succeeding it, will almost to a certainty not be survived.

If, however, the patient should survive the attack, local paralysis, as a rule, remains, either in the external muscles or the internal organs—for instance, in loss of memory, or partial loss of articulation. The most serious consequence is paralysis of the throat (*œsophagus*), under which deglutition is almost impossible. In the latter case the patient often lingers on for five or six weeks before death brings release.

Apoplexy must be classed amongst the most dangerous diseases. Totally developed apoplexy is nearly always fatal, and only in very rare instances capable of imperfect and temporary cure, and subject to relapses at longer or shorter intervals.

Almost every imperfect or undeveloped apoplectic fit is fated to be followed by a severer attack.

The HARBINGERS of APOPLEXY are: *Unusual somnolence; giddiness, mostly accompanied by a sensation of nausea; buzzing in the head; singing in the ears, which is continually returning; partial loss of memory; heaviness of the eyelids; relaxation of the under jaw or the*

under lip; frequent involuntary chewing, without having anything in the mouth; involuntary efflux of saliva during sleep; unconscious slight distortion of the visage, particularly in one or both corners of the mouth; creeping sensation over the whole or a portion of the head, as if of a number of small insects creeping quickly over the surface. The immediate CAUSES of these sensations are referable to a *sudden obstruction in the normal activity of the brain*; one of the most usual being congestion of blood to the brain, owing to an obstruction in the flow of blood *from the brain towards the extremities*, and principally to *gastric pressure* caused by an *overloaded stomach*. Hence the reason why such seizures so often take place after a heavy meal of too indigestible food. Pressure on the vessels of the throat is also the immediate occasion in many cases, resulting either from external causes, as tight cravats, or enlarged glands, or impaired action of the heart, resulting either from real malformation of that organ, or nervous sensibility; or, lastly, through a relaxation or cramp in the larger vessels. To which add nervous affections—passionate or ardent excitement, for example—which so often paralyse the nerves of the brain, on which the severe irritation, so to speak, is concentrated.

Of the pathological causes of irritation likely to induce apoplexy, we must cite at least two, because of the numerous instances in which sudden seizures have undoubtedly been due to their action.

First, in Apoplexia cerebialis, The deposition of cal-culous (gouty) matter on the brain, thus explaining the

suddenness and often the fatality of the attack. There is a remarkable analogy between these symptoms and those resulting from the deposition of scarletina impurities (*Scharlachstoff*) on the brain, which, alas! occurs so often, and is as dangerous as any that result from gouty metastasis.

Second, in Apoplexia biliosa, The deposition of the sharp irritant matter in the præcordia. This species of apoplexy *is unattended by any plethoric congestion to the brain whatever, and is almost entirely due to the state of the nerves in the first instance.* It is produced by violent and undue excitement of the nervous system, or the exhaustion and debility to which it is in consequence subject. The attacks in both instances, that from excitement and that from exhaustion, may prove fatal, but certain it is that the seizures resulting from the former cause are more dangerous than those occasioned by the latter.

We must not omit to mention in this place the *disposition to apoplexy*, which in the majority of instances proceeds from peculiar defects in the *structure* of the body:—Short, full throat; the head deeply set between the shoulders; short, firmly-built body; broad shoulders; elevated and somewhat prominent sternum.

The seasons when the predisposed are most liable to this malady are particularly the equinoctial seasons, the change from winter to spring, or from autumn to winter, the month of December being the most favourable to apoplectic constitutions. All sudden changes of the weather and atmosphere should be specially watched and fortified against, particularly when the

fiftieth year is passed. Every seizure of apoplexy, however *superficial* and apparently harmless in its results, is sure to leave behind it an *apoplectic* tendency, and is apt to return, it may be, in a severer form. Hence the chief object to be aimed at and strenuously striven after, in order to combat this malady successfully, is to re-establish the activity of the brain, and by *this* activity to restore the brain to its normal condition—a gigantic task, truly, which unfortunately is but very seldom achieved.

Here I feel constrained to tender seriously an advice which may be of infinite service to many, who by chance or duty happen to have to do with an attack of this fearful malady, viz., *not* to imagine that the brain of the patient must therefore be in a passive condition, but to recollect that the cause of the inactivity of the brain is often of a very active character, that its strength is not therefore weakened, but, owing to an abnormal pressure upon it, only suppressed. It would also be a grievous mistake to suppose that plethoric congestion is the original cause of every seizure of apoplexy, and if we decided the course of treatment accordingly.

Rational assistance, then, consists in discovering, with all possible speed, the cause of the suspension or disturbance of the activity of the brain; and if successful in tracing the cause, and removing the same, the sufferer is not *decidedly* and *perceptibly relieved*, proceeding immediately to rouse the brain.

It will always be best and safest to consider the

inner condition as a *suspension*, not a *loss*, of cerebral activity.

Let me explain what I mean by supposing a case. Let us suppose that a vain gentleman, and there are such, has got it into his head that tight collars and cravats suit him to perfection, and that he has taken to wear them accordingly. True, he is sensible of a trifling pressure on the neck, but what is this small inconvenience compared to an attractive exterior? And he goes on indulging his fancy in the most complacent and self-satisfied manner, and never for a moment dreams of the sudden consequences. He has not the smallest idea that he is all the while slowly and surely strangulating himself out of existence. At a ball, he becomes suddenly insensible, or faints; he is given salts, &c., to smell; his temples are bathed with "vinaigre de quatre voleurs," his occiput with "eau de Cologne;" the windows are thrown open for air; *but not until the pressure on the throat is removed, and the free and uninterrupted circulation of the blood is thereby restored, does the vain gentleman regain his full consciousness.*

It is exactly so with ladies addicted to the habit of tight-lacing. Not only lung-diseases, tabes, and spinal irritation, but apoplexy and heart-disease, are the inevitable consequences of a custom so unnatural and shocking.

Hence the first and most important investigation regarding an apoplectic attack, must be, whether it is caused by a surcharge of blood on the brain, which may be recognised by the full, hard, pulse, the puffed, florid countenance, redness of the eyes, and a perceptible increase of the temperature of the body.

The first thing to do is, with all possible speed, to lessen the pressure of the blood, which always, in these

cases, rushes to the throat and head, to divert, and, if possible, draw it off into other channels.

Art advises immediate bleeding on the arm, and recommends that the blood be allowed to flow freely until the sufferer regains consciousness. But what if the patient, notwithstanding the free sanguinary flow, does NOT *regain consciousness*? or, which is more frequently the case, the blood be thick and sluggish, and can by no means be brought to flow? "Should this be the case," say the profession, "close the vein at once, and try local bleeding. Take twenty leeches and place the same on the head, and also place twelve cupping-glasses on the throat and neck, &c., &c. If this too is of no avail, and the pressure of blood continues, it is even advisable to open the jugular vein, or the *arteria temporalis*."

Now, even taking it for granted that the age and physical strength of the patient admit of these vigorous remedies being resorted to, it is more than doubtful if the treatment recommended CAN act beneficially. It is a physiological law, that when we suffer a loss of blood in any portion of the body, nature strives to repair that loss, so that the circulation, which is a necessity of life, be restored. This is one of Nature's instincts which I think nobody can deny: what then must be the consequence of venesection and local bleeding? Supposing lancet, leeches, and cupping-glasses are at hand, which is not always the case, venesection of the arm is capable of affording but very slight relief, and that only of very short duration. Local bleeding, or even the opening of

the *vena jugularis*, can do no good, or cause any relief, because the blood from the whole body, chest, neck, &c., will flow towards the head, as much, that is, as remains to flow. If a vein *must* be opened, why not do so on the leg? There would be, at least, a chance of alleviating the patient, though I must again remind my readers that life hangs on a thread, and it is but the merest chance that the patient recovers.

The natural method of curing, or rather of alleviating, these cases is as follows:—If we happen to be beside the sufferer when a crisis of this character sets in, we should endeavour with all speed to place him in a sitting posture. If the legs, feet, or even spine be affected with paralysis, we should place him, of course with assistance, upon a bed or couch, with the upper portion of the body as much raised as possible. We should then take a large piece of flannel (a towel if flannel is not at hand), immerse it in *very cold*, if possible *ice water*, and place it upon the forehead, temples, and indeed over the whole head and upper portion of the neck. Then we should take another piece of flannel of equal dimensions, place it in hot water, but not hotter than we can bear our hand in it for half a minute, wring it, and bind this fomentation to the patient's feet, particularly the soles. Then we should rub the inner side of the leg, from the groin downwards, vigorously, for two or three minutes, and continue doing so, alternately rubbing first one leg, then the other, with untiring persistency. The same unsparing energy must be expended in this process, as we would in the case of a half-drowned person, where

life and returning consciousness depended upon the exertions bestowed. The cold bandages on the head, as well as the warmer ones on the feet, must be changed every five minutes, *i.e.*, those on the head being again immersed in cold, those on the feet in warm water. This operation must be continued for at least an hour and a half, unless before the expiration of that time symptoms indicative of the patient's rallying are perceived. These indications are as follows:—*Frequent deep respirations; opening and shutting the jaws; perspiration over the body, particularly on the feet.* If the patient can swallow, we may administer a tea-spoonful of warm milk, providing he has no aversion to it. If he continues in this improved condition, and is not too exhausted, we may unhesitatingly administer an enema of tepid soap-water with two tea-spoonfuls of salad oil. **DECIDEDLY NO EMETIC.** All tight clothing must be put aside. The sick-room must not be kept too warm, and must be continually supplied with pure fresh air. *No stimulant remedies; no aromatic hair or head washes; no smelling salts, vinaigre, &c., &c.*

If, after steady persistence in the above treatment for an hour and a half, *no improvement at all* is perceived, there is but little ground of hope; usually a fresh seizure takes place on the third day or earlier, which terminates fatally.

If, on the other hand, after this treatment is persisted in signs of improvement set in, however small, we should not alter our treatment, but increase the intervals between the fresh application of hot and cold

bandages, and after the lapse of two or three hours administer a second enema.

Nervous Spasmodic Apoplexy is totally different from the preceding in its phenomena and symptoms. It may be easily recognised by the absence of excitement and plethoric congestion, which are among the most common and ominous symptoms of *simple apoplexy*. The system of the patient in this case is more inclined to cold than warmth, and the pulse will be found to be feeble and easily compressed. The *cause* is usually to be traced to one of two things, viz., weakening purgings, resulting from the debilitated condition of the patient, or the undue administration of purgative medicine, which, if too long prolonged, will drain the digestive organs of their nervous strength, and end in lowering the whole constitution. (I do not include advanced age among the causes in debate, as that must be regarded beyond the reach of prevention.) The treatment referred to, that of Nervous or Spasmodic Apoplexy, must consist of wholly *warm* applications, in some instances *hot*. From the top of the spine, passing over the sacrum and sciatic nerve, frictions by the hand must be applied, but the hand must be *young, strong, healthy, and warm, not weak, elderly, cool, or moist*. Here the electricity of friction is the most powerful and strengthening, and, in most instances, the *only real vitalising remedy*. To excite vitality in the brain and spine must be the object of our particular attention. In fact, in such an instance, there is nothing which is so *restorative, so regenerative, and so actively vivifying*, as *Ling's Curative Movements*,

applied with skill and judgment by a thorough gentleman or lady gymnast, as the case may be, who has an accurate scientific knowledge of Ling's system.

What acts, what can act, more directly and powerfully on the circulation of the blood and juices than MOVEMENT, active and passive, and friction? Is there any chemical remedy extant which, through the channels of the stomach, is capable of acting so regeneratively, *particularly* when that organ is *weak or diseased*? Are all the medicines which claim to strengthen and vivify *other* than, even at the *best*, unhurtful stimulants? But, in any case, stimulants? Perhaps the reader may not be aware that stimulants either cause conjection, in individual parts of the system, as the *lungs, brain, stomach, liver, spleen*, especially the *kidneys*, or lead to the excessively heightened and forced circulation. These stimulant remedies, which act either in obstructing or accelerating the circulation, but certainly in disturbing the normal performance of the functions of the body, cannot fail to engender mischief, which, if not perceptible at the time, is sure to show itself ultimately in the disordered state of the system.

It is almost superfluous even to mention, in this place, the numerous chemical remedies which art recommends and administers in the cases of apoplexy, because these are useless, as the very swallowing is often an impossibility, and even were it not so, the stomach is only in *very few* instances able to absorb the remedies administered or injected into it. The patient usually remains

in the same state as before, in spite of all inhalations of ether, all aromatic bathings, rousing or invigorating injections of vinegar, mustard, pyrethrum, &c.; and even that fearful torture *moxas*, applied to the head, I have seen used entirely without result.

GASTRIC and BILIOUS APOPLEXY is recognisable by the distention (over-fulness) of the stomach, which is characterised by a peculiar hardness. Attacks of bilious apoplexy are usually the consequences of excessive vexation, or anger, and great excitement. The patient is troubled more or less with severe eructations, which, in some cases, increase to retching, accompanied by the vomiting of saliva. The tongue, which is thickly furred with a whitish-yellow coating, appears swollen and thicker than in its normal condition. In the majority of cases the whites of the eyes are of a somewhat yellowish tinge, and a yellowish hue pervades the whole countenance. A remarkable peculiarity, too, is, that the patient often, and as if quite involuntarily, places his hand on the gastric region, which, as before stated, is distended and swollen. HERE VOMITING IS THE GREAT NECESSITY, which in both cases, in bilious apoplexy as well as gastric, should, according to my idea, be excited in a natural manner, as explained by us in our account of the natural curative treatment of gastric fever, for *tartar emetic* or *ipecacuhana* would, in the present susceptible condition of the stomach, be by far too strong an irritant, and the ultimate effect of it on the system would be extremely deleterious.

The patient will be relieved by very tender and gentle

pressures applied by the hand to the hypochondriac region, *i.e.*, exactly under the ribs on either side, and to the colon, *i.e.*, the upper portion of the stomach, an operation which will assist in producing an evacuation. If, after the vomiting, the pulse does not become quieter and more normal in its action and in the number of its pulsations, it will be necessary to administer an enema—*one pint of tepid water, one tablespoonful of oil, a small pinch of salt*, which is usually effective, though, should it *not* be so, a second must be administered. The patient should receive at least two-thirds of the above quantity, and great care should be taken to *avoid* the injection of air. Afterwards, *rest, sleep, and perspiration* are necessary.

For every one who has been fortunate enough to recover from an apoplectic seizure, it is most important to use the utmost precaution, in order to prevent the return of another such attack.

The PRECAUTIONARY MEASURES are: The head and upper portion of the body to be well supported and elevated whilst lying in bed; the feet to be kept warm; overloading the stomach to be avoided at all times, but *more particularly at evening meals; all spirituous liquors to be shunned as poison; excessive anger or passionate excitement to be guarded against; great attention to be paid to the regular action of the bowels, but all salts avoided. A tumblerful of pure filtered water, with one or two tablespoonfuls of treacle stirred in it, and drunk, followed by a short constitutional walk, or if not convenient, active exercise in the house before breakfast; or stewed*

prunes with plenty of syrup, and, of course, without bread, or one or two figs with a glass of water,¹ &c. Strong tea and coffee to be also avoided, in any case to be diluted with MUCH milk.

Another class of apoplectic seizures, which are happily of more rare occurrence, is

Apoplexia Pulmonum.

APOPLEXY OF THE LUNGS.—This species of apoplexy is as dangerous as that of the brain; nay, it is often more so. The difference between the two is, that in the *former* the nerves of the *chest* are paralysed, whilst in the *latter* those of the *brain* are so affected. The symptoms, which are almost as distressing for the observer as for the patient himself, are, sudden seizure of *suffocation* (*orthopnœa*); *rattling in the throat*; *agony*; *death sweat*; *terror of death*, sometimes with, sometimes without, loss of consciousness. The course of the illness is extremely rapid, terminating in the space of twenty-four, or at most forty-eight, hours either in restoration or death.

The CAUSE may be the same as those of *apoplexia cerebialis*; but local material deposits, and exudations in the bronchial tubes, may also cause it, as, for instance, exceeding deposits of phlegm in *asthma*; effusion of matter, occasioned by the sudden bursting of a vomica; or excessive over-exertion of the lungs, occasioned by

¹ It is almost superfluous to say that, if it is necessary to resort to any of the above remedies, they must be used alternately; thus, if one be taken two or three times, it must be exchanged for another.

rapid walking or running, in which case it is more a spasm or cramp than paralysis.

The first thing to be done is to free the lungs with all possible speed from the load of mucus or phlegm, the presence of which is indicated by the wheezing, rattling struggle for breath.

In the latter instance, that of spasm, the treatment is warmth applied locally to the lungs, bronchial parts, &c. Bleeding, so much recommended, is in any case a risk, and the favourite emetic would be fraught with excellent results if the sufferer survived the exertion of vomiting.¹

“But what is to be done, then?” my reader exclaims. I will narrate to him in as condensed a manner as possible a case of this kind which came under my notice, and which I will lay before him without the slightest exaggeration; because, by an illustrative instance I shall, I think, make myself more thoroughly understood.

In the summer of 1861 I was called upon by the servant of a former patient, who was cured by Ling's Movements, and was horrified to hear that his master's brother was on the point of death. I found the patient in this condition: Almost entirely without pulse and power of respiration; extremities cold as ice; stomach and colon distended and cold. But for the fact that the patient now and again opened and shut the mouth quickly, as if to snap a little air, and but for the cold perspiration which covered

¹ A natural emetic would undoubtedly be the most effective mode of producing the desired result. Those in charge of the sufferer must, however, use their judgment as to the advisability of this procedure, which will depend upon the extent to which the patient is capable of responding to these measures.

his brow, it might have been taken for a case of asphyxia, or suspended animation. With all speed very warm flannels were placed upon chest, stomach, abdomen, and spine, together with vigorous friction applied to the arms and legs. After the space of about three-quarters of an hour, the returning respiration, still very short and rapid, brought partial return of consciousness. The patient was seated all the while in a chair, and but partially undressed. As I observed that warmth and friction produced a little improvement, I continued this course of treatment for fully four hours. My reasons for doing so were, first, because at that moment I knew of nothing better ; and, secondly, because to have desisted and left the patient's circulation as it was at that time might have caused his death. Never shall I forget the despair which possessed me all through those four appalling hours. It was only towards morning that the breathing became somewhat more regular, though difficult and still short. Gradually the body lost the icy coldness felt at first, but it was far from being warm. I now endeavoured to pour one or two table-spoonfuls of very warm water mixed with a drop of brandy into his mouth ; but the experiment was imperfectly successful, as the patient required the whole of his strength for breathing. I had the satisfaction of remarking, however, that vital warmth was gradually returning to the system. Slowly and carefully, therefore, we proceeded to strip off the patient's clothes, and placed him in a thoroughly warmed bed, of course in a sitting posture, continuing the warm applications and the friction of the extremities, and treating similarly, with great care and gentleness, the whole hypochondriac region and sides of the lungs, combined at short intervals with very slight pressures.

As soon as the breathing became somewhat deeper, we succeeded in administering some tea-spoonfuls of very warm milk, which the patient could now swallow. In the course of about half an hour, a most remarkable change took place. The symptoms were : The pallid cheeks suffusing with colour ; pulse feverish (87), but still weak ; and in another fifteen minutes an excessively dry heat spread over the whole body. Breathing still difficult, short and quick, but more regular ; the head so hot that the pulsation of the temples might be perceived, to moderate which cold wash-

ings were applied. In fifteen minutes more the patient lay in a copious perspiration, and, falling asleep, LIFE was restored to him.

It is not my intention to weary the reader with the details of what followed in the after-course of this long cure. Suffice it to say, that in its later stages *only* Ling's Curative Movements, combined with an occasional vapour-bath, were used. The baths were taken in a sitting posture, the head being free, and the breathing therefore unhindered. It was fully sixteen months before the lungs regained their complete elasticity and activity.

CHAPTER VII.

Nervous Diseases—(continued).

THE most troublesome and tedious nervous diseases are those which are attended by local paralysis. Owing to the variety of causes from which local paralysis may proceed, the consequent uncertainty about its seat or source, and the complications with which it may be accompanied, a thorough, proper diagnosis is rendered extremely difficult, and in some cases all but impossible. True, in the generality of cases, the spine and brain are the acknowledged centres of diseases of a paralytic nature. But attacks of paralysis which originate in the *stomach*, the *spleen*, the *liver*, &c., so much resemble those which proceed from the spine or brain, that it requires very great experience to be able to distinguish between them, and very careful attention to symptoms to avoid errors in treatment.

It is one of the greatest mistakes to suppose that paralysis in all cases springs from weakness, to treat that as invariably the root of the evil, and consequently to proceed to overpower the unhappy sufferer with stimulants and strengthening remedies, in order *thus* to combat the disease. Should it be, as is mostly the case,

a simple *oppression* of the *nervous power*, the treatment should in every instance aim at *removing the cause* which suppresses or hinders the power of volition, *i.e.*; at restoring the normal circulation of the *blood* and the *juices*, which have been somehow disturbed, and this will be arrived at on careful investigation of the case.

This is sometimes all that is requisite to render the cure complete, and hence the gastric functions may be left out of account, as their assistance is not at all necessary to the result.

The symptoms as well as the gradations of local paralysis are extremely varied. All local paralysis is a weakened or totally suspended power of sensation or movement, or both combined, in any portion of the body, and it may proceed either from an outward or an inward cause.

Let us assume, for the sake of example, that a man, by railway accident, receives a severe blow upon the spine. The consequence may probably be paralysis of an arm, which sometimes, though to a slighter degree, extends to the leg on the same side.

Supposing the sacrum has received a severe concussion, then, under all circumstances, *one*, if not *both*, the legs will become paralysed. An accident of this nature is an external cause of paralytic disorder.

Paralysis, which originates internally, is exactly the same in its phenomena as that which proceeds from an external injury. Internal causes are, such as the long-continued habit of indulging in stimulant liquors; frequent overloading of the stomach, which arrests or

interrupts the process of digestion, &c. Notwithstanding the resemblance in the phenomena, paralysis emanating from this source is always far graver than that resulting from an external concussion of the nervous centres, because in the former a nearly always greater or less apoplectic seizure takes place simultaneously.

Local paralysis, the origin of which is due to internal causes, nearly always takes effect, in the first instance, on the brain, and hence is invariably accompanied with plethoric congestion.

Say, for example, a man has been for several years in the habit of drinking half a bottle of sherry daily to his dinner, and to all appearance feels in perfect health. In the course of time, however, he finds that the consumption of half a bottle of sherry is not sufficient to produce the same cheerful good-humour as formerly. He resolves to take an extra glass or two, until he has arrived at the last drop in the bottle. Still he feels well and in good spirits, and laughs at those who caution him against the use of alcoholic liquors.

One day, at a dinner party, the company is merry, conversation sparkling and witty, mirth and wine abundant. Our friend feels perfectly well and cheerful, only he is from time to time annoyed by a sensation as though a number of tiny insects were creeping quickly over his head, between the skull and its membranous coverings. He is also rendered uneasy by feeling that his vision is rather obscured, or he sees double. "I am not drunk," he ejaculates as he tries to collect himself and shake off the illusion. But now his neighbour at table inquires if he is unwell. He would reply, but the tongue refuses its office. It lies as heavy as lead in his mouth, and only with the greatest exertion is he able to move it; the power of articulation has entirely gone. Seriously alarmed, he is about to rise in order to leave the room, which is also impossible, for the requisite strength to walk has

also departed. It is unnecessary for me, and impertinent to my purpose, to proceed farther with the dismal tale of alcoholic poisoning ; still I cannot help remarking with what ease and common prudence and abstemiousness a disastrous issue of this nature might be avoided. It is a disorder which, in the generality of instances, can never be *thoroughly cured*, and to restore even partial strength and vitality to a group or groups of muscles and nerves, a treatment of years will be necessary.

The greater or less chance of cure in such cases depends upon—

ITS DURATION,—the greater the duration, the less the probability of cure.

ITS SEAT,—most difficult, if the mental faculties are impaired.

ITS CAUSE,—if due to metastasis, more easy ; if from pure debilitation, more difficult ; if from mechanical pressure, and inability to remove the same, as for example, *exostosis* (excessive bone growth), most difficult of all.

ITS INTENSITY,—*i.e.*, the stage which the malady has reached—easier to restore, if only sensation or power of motion is lost, or if at times pains or cramp are experienced in the diseased portion or portions of the body ; but most difficult, if the vitality of the affected portion is weakened. I have several times succeeded by the aid of Ling's Curative System, through movements (*friction, percussion, &c.*, of the affected parts, peculiarly adapted vapour-baths, &c.), in stimulating circulation and the power of motion in cases where all and every hope had been given up. And if I did not in *all* the cases of this nature succeed in affecting a *thorough*

restoration, in one and all marked improvement in strength and activity was realised. But the result attained most deserving of attention was a perceptible increase in vital power, and an intensifying of moral energy, combined with cheerfulness of mind.

In order to avert that form of local paralysis which arises from debility, I desire to give a few hints to the reader as to the remoter cause.

Paralysis, proximately due to debility, is ultimately referable to whatever tends to deprive any portion of the system, either gradually or rapidly, of its *nervous power*.

This may take place *instantaneously* from a lightning-stroke, from apoplexy, violent passion or excitement, particularly fright or anger; *gradually*, first, from the diminished strength due to leading a too luxurious and inactive life, without the necessary bodily exercise in free air; second, over-irritation; third, exhaustion resulting from over-physical exertion; fourth, bacchanalian excesses; fifth, consequent upon fevers and other exhausting and tedious maladies; sixth, and finally, from not duly using or exercising a particular organ of the body, for instance, the *lungs, hands, arms, legs, feet, &c.*

It is worthy of remark how many excellent cures have been effected by Ling's Curative Movements of that oft-recurring form of the disease called

Medullary Paralysis.

Medullary paralysis is a partial, and ere long complete paralysis of the lower extremities, which may take

place also in the upper extremities, but far seldomer than in the lower ones. It usually commences with a superficial paralysis of *one*, but oftener of *both legs*, in some cases even of one hand, in others of a hand and a foot on the same side. The symptoms at first are slight and insignificant, but then extend gradually more and more towards the elbow and shoulder and hip. When confined to the lower extremities it is first perceptible in a peculiarity of the gait—a sort of shuffling, from want of power to control the muscles, or a dragging of the foot or feet. Sensation of *pressure, pain, creeping, &c.*, is also experienced in the spine. The disease may continue thus for years; nay, it may become fixed for life in the lower extremities, without spreading any farther. Sometimes, however, it spreads and issues at length in total loss of motion, impairing at the same time the activity of the vital functions. Thus often total inactivity of the bladder and rectum is induced, showing itself in constipation, difficult urination, and finally, incontinence of both; also difficulty in breathing, weakened power of vision, loss of memory and inability to think; paralysis of the lungs or the brain (*apoplexia nervosa*).

THE CAUSE OF MEDULLARY PARALYSIS must always be sought for in the spinal marrow. It may also be due to purely mechanical causes, and proceed from the commencement of spinal curvature. Here Ling's Curative Movements are capable of effecting incalculable benefit towards the restoration and re-vitalisation of the spine and spinal marrow, and it is particularly owing to them

that after the first few weeks of treatment, the *progress* of the disease is entirely arrested, and a new attack rendered, so to speak, *impossible*. In several instances, I have made use of cold water, or steam-vapour, and in some solitary cases of electricity, after Beckenstein's system. But I would caution all who would not be rendered incurable against *galvanic baths*. Let us see now what art prescribes for us in such difficult cases:—

Externally—“*Leeches, daily mercurial embrocations on the spine, MOXAS, and hot irons applied to the spine, or lumber-cartillages with a suppuration of some duration, artificial wounds kept open for years by cantharides plaster.*”

Internally—“*Prussic acid. Aconitum. Terebinthine Oleum, thirty drops taken four times daily,*” &c. &c.

I would gladly continue my observations on the numerous family of paralytic disorders, did I not fear to be wearisome. I must not, however, omit to draw attention to the following hint, viz., that when in this disease the pulse of the left hand becomes perceptibly weaker than that of the right, the animal warmth in the paralysed portion continues to diminish, and a gradual shrinking or wasting of the part is remarked. This is an indication that extreme disorganisation is going on, and a hint that literally no resource remains, but the *instant* application of Ling's Curative Movements, to prevent the total stoppage of the nervous fluid over the system, and so avert the fearful consequences of *gangrene, necrosis, or mummification*.

Before finally taking leave of this subject, I would, in as succinct a manner as possible, advert to a few paralytic affections, in order to impart some advice in regard to them, which is based on my own experience.

CHAPTER VIII.

Nervous Diseases—(continued).

GIDDINESS (*Vertigo*).—Symptoms: A sensation as if surrounding objects, even the body itself, were turning round, combined at a higher stage with a tottering, reeling gait; at a still higher, with obscured vision, and even unconsciousness.

These attacks of vertigo are of no importance in youth, but in adults are always a sign of apoplexy, and consequently deserving of the utmost attention.

THE CAUSES are, as of all nervous maladies of a *sympathetic* or *gastric* nature, Over-loading of the stomach; *Worms*; *Gastric obstructions*; or, in addition to these, Temporary plethoric congestion of the brain; *Debility*; *Organic defects of the brain*.

In young persons some stewed prunes or an enema will be sufficient to check this evil, excepting when occasioned by worms.

In adults past forty, the treatment is cold bathing of the head and temples on rising in the morning; also again half an hour after the mid-day meal, and then shortly before retiring to rest; in addition to rubbing

the soles of the feet. In more obstinate cases, *i.e.*, when the giddiness is of longer duration, particularly when combined with a sensation of sickness, friction of the spine, sacrum and sciatic nerves, as well as alternate friction of the abdominal region. Those who are subject to attacks of this kind should beware of heavy, indigestible food; in fact, their diet and habits should be more than usually antiphlogistic.

Artificial remedies: Valeriana. Guaiac, with Cremor Tartari. Artificial abscess on the neck; issues on the arm, &c. &c.

SOMNOLENCE or LETHARGY of an abnormal nature in elderly persons is a sign of apoplexy; in children under the age of thirteen or fourteen years, it is a symptom of the development of *dropsy of the head* (*Hydrops cerebri*), commonly known as water in the head. The natural curative treatment as prescribed above for vertigo, applied for a longer time in this case, would be sufficient; but in those cases where there is a larger or smaller deposit of water (*serum*) on the brain, *Ling's Cerebral and Ear Movements* are the only remedies which are capable of acting healingly and regeneratively at the *proper time, i.e.*, in time to prevent life-long debility of the brain, if not imbecility.

I have often heard people, of some weight too, say, "*Oh, the child will grow out of it.*" True, it is possible that by leading an active and healthy life, he may with the help of nature, physiologically speaking, so combat the evil, particularly as far as external form and power of motion are concerned, but *never*, I repeat *never*

psychologically, so far I mean as power and concentration of thought are concerned, the power of intellectual comprehension, the power of logical study and research, and that power of moral reflection which is our distinctive heritage, as human beings, and which, one and all of us, when the brain is in a normal condition, make use of more or less *unconsciously*. This great gift, if left to the cure of *growth* alone, will certainly be lost. For how is it possible for the brain to free itself unaided from that mechanical pressure which is created thereon by the pressure of the abnormal fluid deposited?

LETHARGY is an unnatural, constant somnolency, in some cases remaining whole days, nay, *weeks, months*, and even *years*, with very slight intermission of wakefulness. The principal functions of organic life, as heart-beating, circulation, and respiration, remain unimpaired, although weakened. Nourishment can only be administered by liquids, and all the secretions are extremely *spare*. These fits of somnolency are very rarely, scarcely ever, fatal, *excepting* they be the *symptoms* of some other nervous malady or *brain disease*. In cases, however, of extremely chronic maladies of a nervous or emotional character, this condition is often the sign of a crisis, and may lead to perfect restoration of health.

In its lighter forms this malady is a constant desire or craving for sleep. The chronic lethargic condition alluded to above is more generally confined to the female sex.

Its causes are, Disturbance of the menstruation, par-

ticularly during pubescent development; the effects of former nervous diseases: profound emotion, as deeply-rooted sorrow; also metastasis on the brain after small-pox, scarlet fever, &c.; exudation in the cavities of the brain (cerebral cavities). It is comparatively seldom that it is due to organic defects.

The object of the *Natural Curative Treatment* is, in this instance also, to restore the normal and vital activity of the brain, as well as of the whole organisation, by the application of restorative movements, cold water, steam-vapour, pure ozone air, and suitable, strengthening, easily-digested food.

The artificial remedies are, *Stimulating and rousing mustard foot-baths*; *stimulating enemas*; *moxa*; *galvanism*, the one conductor on the region of the heart, the other on the ear; lastly, *mercurius*, externally as well as internally.

It was my original intention to class the disorders *aspepsia* and *dyspepsia*, gastric and digestive weakness, under the head of *gastric diseases*, and to treat of them in that connection. But upon mature consideration I have come to the conclusion that, in a scientific point of view, these disorders belong to, and should be classed with, paralytic diseases; that in the greater number of instances the evil is caused by the debility of the *gastric nerves*, and hence belongs to nervous diseases, the malady, in fact, being often nothing else than a want of harmony, or disorder, in these nerves.

The symptoms of this illness are unfortunately too well known; it is almost superfluous to mention them:—

Loss of, or small irregular appetite ; after having partaken of food, pressure or weight and distension in the region of the stomach ; eructations of the taste of food previously eaten ; flatulence ; indolence and aversion to exertion ; drowsiness ; a great tendency to indigestion, often, but not always, accompanied by cold shiverings ; generation of acidity ; accumulation of phlegm ; hiccough ; heartburn.

The CAUSES of this abnormal condition of the *gastric nerves* are, improper, *i.e.*, unsuitable, diet ; gluttony ; immoderate consumption of *warm beverages, particularly tea* ; deficient bodily exercise ; excessive mental exertion ; care and sorrow ; the excessive use of strong spirituous liquors, particularly *absinthe*, before dining.

The malady makes its approach, so to speak, slowly and gradually. Often the patient will not admit even to himself that he is suffering from any gastric weakness. He is unwilling to relinquish some of his favourite habits, and it is far more convenient for him to take a purgative in the shape of a pill than to observe the rules prescribed for him by nature. With unaccountable indifference he neglects the simplest precautions, until the malady, which at an earlier stage would have been so easy to cure, assumes a chronic character, and, owing to other additional or sympathetic complaints, becomes a complicated disease, and one most difficult to remove.

I cannot too often remind the reader, notwithstanding all that distinguished and learned men may urge to the contrary, that, when in a complication of disease the

stomach becomes immediately implicated, *real cure, i.e.*, re-establishment of the normal assimilating and secreting powers, so necessary to the maintenance of health, can only be effected by following certain prescribed rules of *Hygiene*; that all endeavours to heal by the aid of medicaments will not only prove an utter *failure*, but must aggravate the evil, and only render it INCURABLE.

The first and most important step is to investigate thoroughly whether the cause is *real pure* debility, or only *apparent* weakness produced by material *deposits*, which by their presence clog and irritate the gastric nerves. If in the latter case (apparent weakness), so-called strengthening or stimulating remedies are prescribed, they will *neither strengthen nor stimulate*, but will, in all probability, *aggravate* the condition of the patient, and the abnormal material deposit will become more obstinately fixed.

The *material causes* of gastric and digestive weakness are, *accumulation of gastric impurities*, such as *phlegm, bile, acidity; rheumatic, psoraic or arthritic metastasis; local plethoric congestion, &c.*

If, on the other hand, it prove to be *pure debility, i.e.*, if the evil does not subside *after* the removal of the *material cause*, it will then become necessary to prescribe a *strengthening diet*, which must, however, be done gradually, and with great precaution, so that it may not exceed the digestive powers of the weakened stomach.

Hence at this stage very little nutriment of a substantial, solid nature should be prescribed, and then only very delicately-cooked meat, strong soups, eggs with

milk, &c. ; in fact, the diet must be nourishing, but not stimulating or heating.

As for drink, particularly in the morning and evening, a cup of good warm milk, with a little sugar and the yolk of an egg beaten up in it, would be the most suitable ; but, by way of a change, a cup of pure cocoa may be recommended, and at about mid-day a glass of good unadulterated bitter ale.

In treating this disorder the duration of the malady must be taken into consideration :—How long has the patient been suffering ? Have symptoms of sickness been already perceived ? Has the patient been suffering from constipation, alternating with diarrhoea ? Have the stools, as a rule, been what are called *dyspeptic*, accompanied by much flatulence ?

Without strict regard to a suitable diet, real cure of the malady is *impossible*. Beer and coffee, all sour, acid beverages and eatables, vegetables tending to generate flatulence, *fat, cheese, all smoked food, pastry, brandy*, and all overloading of the stomach, must be rigidly avoided.

It is a generally acknowledged fact that, without considerable bodily exercise, a cure of this kind is impossible, for that is the best and most indispensable remedy for strengthening and revivifying the gastric organs.

It will be easy for the reader now to comprehend how much help I obtained through Ling's Curative Rational Movements. I also ascribe my success in the treatment of cases of dyspepsia, &c., to the use of *cold water*, espe-

cially in the shape of compresses, applied over the whole surface of the stomach and abdomen.

In order to prevent mistake, I repeat that *apparent gastric debility* is that caused by pressure of an abnormal deposit on the gastric nerves. *Real, pure weakness* is indicated by the extreme slowness of digestion, requiring sometimes seven or eight hours to complete itself.

CRAMP IN THE STOMACH—STOMACH-ACHE.—Though this painful affection is not often associated with dyspepsia, a few observations and hints relative to its symptoms, as well as its natural cure, may not be unwelcome to the reader.

Symptoms.—Painful, cramp-like sensations and contractions in the gastric region, sometimes only temporary, sometimes lasting. These symptoms are variable in intensity as well as duration, often only slight and in short spasms. At times, however, they are of long duration, and of intense, almost unbearable severity, and by sympathy extend to the chest and back, attended also with nausea, sickness, fever, coldness of the extremities; nay, they are even productive of fainting.

The evil may become chronic and stubborn to deal with, and it is far more common in the female than the male sex. If in the former it appears directly or soon after the *cessatio menstruorum*, and is accompanied by fainting, it may easily change to blood-vomiting, and so create pulmonary disease.

Besides the usual causes of nervous disorders, one of the most general in this connection is Hysteria; also acute but more especially, chronic, chills or colds,

increased by insufficiency of warm clothing, damp dwellings, or the excessive consumption of ice during summer. Hence this malady is often nothing but *gastric rheumatism*. It may also be due to a disturbance of the menstruation, especially during the pubescent period, but still more generally after the cessation of the same. Care must be taken not to confound these symptoms with those of COLIC, which is unfortunately often done, the more detailed diagnosis of which we will describe immediately.

The treatment is similar to that which I advise in the case of all nervous maladies, with this difference that a thorough investigation must be made in order to discover whether there are symptoms of plethoric congestion or chronic inflammation. Should that prove to be the case, we must proceed at once to place hot fomentations upon the affected parts, and renew them every ten to fifteen minutes until the pain commences to subside. It was in an instance of this nature that I was for the first time induced to try Hahneman's system, and I confess with remarkably beneficial results. I first administered *bismuth*, and subsequently *hyoscyamus*, both No. 12. It was with hesitation that I did so, and only from the conviction that the doses of Hahneman, by reason of their extreme minuteness, could neither disturb nor suppress the natural process.

Should the malady resist the above treatment, and indeed should there be vomiting immediately after partaking of food, there is every reason to conclude that an organic alteration of the stomach is imminent.

COLIC.

We shall now discuss this painful disorder.

Symptoms.—More or less severe pain in the bowels, of a contracting, griping, tearing, or burning character, accompanied by sudden twitchings. If of some duration, pain, combined with anxiety and cold perspiration, and generally followed by an evacuation, accompanied by a good deal of flatulence, which produces a marked decrease of pain, and, in fact, usually removes it entirely. Sometimes the pain extends over the whole abdomen, at others it is confined to a portion.

It may be either periodical or permanent, and is very apt to become chronic, every slight cause being sufficient to bring on a return of the attack, as, for instance, the drinking of cold beverages during hot weather, standing in a draught of air, &c., and it may thus continue for years, nay, even for life. In every severe attack of colic there is imminent risk of local inflammation, particularly when, besides distension of the abdomen and sensitiveness to the touch, the pain is fixed upon one spot, and is intense and burning, or when it is accompanied by constipation and vomiting.

Colic may be developed and rendered chronic from manifold and various causes. The most usual is suffering previously from cramp in the stomach, or local plethoric congestion. The more remote causes are *metastasis*, or organic alteration.

The first step towards cure is the gentle purification of the *primæ viæ* (bowels); for in all cases, without

exception, an accumulation of fetid matter in the intestines is in part the cause of the attack, and in part the irritant, the removal of which produces great alleviation, nay, often for the time banishes the evil altogether. In all cases of colic, mucilaginous drinks will greatly tend to lessen the pain. Hence a cup of thick barley-water, or a little oatmeal porridge, with a tea-spoonful of pure salad oil stirred in it, will be of invaluable service. The application of gentle, I might say tender, circulating frictions over the abdomen, which I usually apply at the commencement of the attack, is found to have a peculiarly soothing effect. The principal agent in this instance is the magnetic power, conveyed through the frictions of the human hand, to another, particularly a weaker body; which frictions produce warmth, soothe pain, and, in a word, act healingly.

In *chronic colic*, i.e., the chronic disposition to recurrence of these attacks under excitement of the slightest cause, warmth is the most important condition of cure. Hence the necessity that flannel folded double should be constantly worn next the skin, round the loins and abdomen. Should an attack of this kind take place even in the greatest summer heat, the quickened activity of the skin produced by the friction of the flannel is always fraught with the most salutary results.

In any case colic is a *secondary disease*, i.e., a disease arising out of a preceding disorder; as, for instance, the *gastric*, *bilious*, *hysterical*, *plethoric* or *hæmorrhoidal colic*, caused by *flatulence* or *worms*, &c.

What I have now been treating of is colic in general, without reference to its origin in any particular primary disease. Of course the primary evil must be removed before we can hope to secure the total abolition of these colic seizures. But the sudden attacks are of such an excruciatingly painful nature, and may so easily and quickly bring on an inflammatory condition, that these must at any rate be first subdued before we can institute an inquest into the primary disorder.¹

In conclusion, I must say that stomach diseases would be much more easily cured, and would seldom become so complicated and stubborn, if art did not so persistently endeavour to heal every disease through the stomach itself.

¹ I purposely omit all mention of maladies the designations of which might in the remotest degree offend the delicacy of any of my readers: all uterine disorders will therefore be omitted. Should this book, as I hope, find readers, I mean to write a pamphlet treating only of these diseases, and the *natural method* of curing them thoroughly; which will, I think, be welcome to many who would gladly dispense with personal medical assistance. Of course, in that case, the symptoms and the curative treatment must, and will, be so explicitly explained that any error will be impossible.

CHAPTER IX.

Nervous Diseases—(continued).

EPILEPSY.—All nervous diseases are of a paralytic nature. For we must not imagine that all paralysis is stiffness, or numbness, or both, of certain parts of the body. All cramp that has become chronic is literally a paralytic affection. Take, for example, that serious nervous malady *epilepsy*, in which the whole frame is frequently convulsed, with the exception of the thumbs of both hands, which are firmly grasped by the fingers (all the other muscles of the body being in convulsive motion). The attacks of this disease appear in paroxysms. They commence with *convulsive twitchings* and *loss of consciousness*, the latter, NOT the severity of the convulsions, being the real, essential pathognomical symptom of the disease. The slightest convulsions accompanied by loss of consciousness indicate EPILEPSY; but the most intense convulsions *unaccompanied* by loss of consciousness are NOT EPILEPSY. The attacks are extremely distressing to the onlookers. In the majority of cases the sufferer falls to the ground, foaming at the mouth; there are intense convulsive twitchings, and the thumbs are firmly clenched under the four remain-

ing fingers. The paroxysm has two gradations—the *convulsive*, which is sometimes of only a few minutes', sometimes of two or three hours' duration, and the *soporetic* or *apoplectic*.

In some instances there is no warning or sign of the fit coming on, and the sufferer falls suddenly with a shriek to the ground. Sometimes warning signs or symptoms manifest themselves; as sudden *fear or terror*, *headache*, *nausea*, &c., one of the most remarkable being a sensation as of a cool current of air (*Aura epileptica*), which, commencing at the tip of a finger or toe, gradually spreads upwards over the whole body, and it is when the sensation of this reaches the brain that the fit takes place. In some rare instances warning is given by a peculiar abnormality in one of the senses, as the smelling of strange unusual odours, or a singular sensation of taste, double vision, &c.

In some persons these attacks take place in a typical manner, *i.e.*, they appear regularly after certain definite periods and days; sometimes they are of nightly recurrence. But they recur more usually at indefinite periods, every week or month; sometimes only returning three or four times throughout the year. The disease is protracted and lingering, and extremely difficult to cure; often, with more or less severity, of life-long duration. The chances of cure are one to twenty-five. It is seldom fatal, the principal danger arising from the patient's falling suddenly to the ground, which is not seldom unaccompanied with more or less serious consequences.

When the malady has become chronic, *i.e.*, inveterate

or of long continuance, a weakening of the mental powers, if not imbecility, may ensue. Cases have also come under my notice in which tabes or dropsy resulted. Softening of the brain is, according to some, sometimes to be feared.

These fits, as I have said, are particularly painful to the bystanders, often filling them with dismay and terror. I was witness of a very distressing instance of this kind, in which a young girl of sixteen years of age, on seeing her brother for the first time in one of these epileptic fits, instantly fell to the ground under a similar affection from sheer fright.

Therefore it is the first duty, and should be the first care of the physician, to deal with the evil in a determined manner, never to consider its cure impossible, or the case as a hopeless one; he will then succeed in at least arresting the progress of the disease, and localise it, so to speak; thus in all probability averting the worst consequences. The immediate *causes* of epilepsy are the extremely abnormal state of the nervous action. Its seat is invariably in the brain, probably in the organs of the cerebrum, and it may be assumed to be due to *a want of harmony in the component parts of the nervous principle. Herein lies the real difference between epilepsy and chorea (St. Vitus' dance), and other convulsive affections.*

The most usual remote causes, besides hereditary disposition, are, debilitation of the nervous system, induced by onanism and excess *in venere*; immoderate drinking of wine; also excessive fright, particularly at the *sight* of some horror, as, for instance, from sud-

denly awakening in a burning, blazing room, &c. (the effects are less serious when it is only the ear, or the feelings, that are addressed); worms, particularly tape-worms; metastasis on the nerves (arthritic or psoraic); suppression of the menses; too forcible suppression of nose-bleeding, &c.

In chronic epilepsy, the greatest drawback to a cure is the *tendency*, which has become chronic in the nervous system, to the recurrence of this anomalous action.

It is impossible in these lines to specify and discuss the many artificial methods of treating epilepsy, and I shall, therefore, confine my remarks to a few of those remedies which my own experience has found not only to be worthless, but to have rendered the disease incurable, and besides so disturbed the stomach in the performance of its normal functions, as to render *that* also a wreck.

That deleterious drug *Valeriana* shall be placed first, given, as it is, in large doses, of from one to six grains, daily. *Zinc. Cuprum. Folia aurantiorum. China.* My readers may believe me, that none of these specifics ever cured epilepsy.

Natural treatment.—If the malady is not too deeply rooted, cold washing over the whole body, first thing on rising in the morning (in a warm room, if it is winter), and two or three times during the day; cold washings of the head and occiput (back of the head), or the pouring of cold water over it. Friction by the human hand, from the top of the spine over sacrum

and sciatic nerves, also friction on the soles of the feet are of great benefit. These movements must be carefully and conscientiously gone through twice daily, if possible according to Ling's system, and between the hours of 9 and 11 A.M., and in the evening immediately before going to bed,—each movement to be applied for not less than twenty minutes. Should the patient reside in or near a town where there is a good curative institution on Ling's system—in Germany, say,—and should he avail himself of his proximity, and take the benefit of these movements, it is important that he should request the principal to direct the movements to be applied to the *ganglion nerves, abdominal region and larynx*. The patient must rise not later than six o'clock in summer, and at seven in the winter. It is *most important* that the bowels act daily; and for this purpose—always providing, of course, that nature fails—enemas are perhaps the *most advisable*; and I only hesitatingly recommend one glass of pure filtered water, and one tablespoonful of treacle stirred in it, to be drunk fasting before breakfast, or two figs with a tumbler of water. Active bodily exercise in the fresh open air is indispensable to a cure.

The diet should be simple and not heating; meat in moderation, and not richly cooked or with fat; good fresh vegetables; potatoes, puddings, and cakes to be eaten sparingly; *milk liberally; no tea or coffee*.

Should this treatment not succeed in effecting at once a *radical cure*, the patient will soon be forced to acknowledge the benefit of this simple curative method,

when he perceives the lengthened intervals between the paroxysms, and the perceptible decrease in their severity.

This simple treatment must be persevered in for a length of time, and if, as I have seen in several cases, a cure is effected, it may with certainty be taken for granted that it will be permanent.

In our next chapter I propose to treat of a distemper, the presence of which in the organisation is at the root of numerous maladies.

CHAPTER X.

Plethoric Congestion.

THIS is a very prevalent and common ailment, and lies, as I may say, at the root of innumerable others. Every abnormal surcharge of blood in any organ or part of the bodily system creates congestion.

The symptoms of this condition are, a more or less disturbed activity of the impaired organ, and heightened or diminished irritability or susceptibility in it. There are various gradations of congestion, as follows:—

If congestion be caused by a slight or moderate excess of blood in the vessels, there will be an increase of action in the affected organ, such as takes place after drinking wine. But should a greater accumulation take place, then, as a result of the pressure and of the consequent distension of the vessels, there will be a decrease of activity in that diseased organ, which afterwards may amount to a species of paralysis. This is most distinctly illustrated in the case of plethoric congestion in the brain; a moderate degree of congestion inducing vivacity of thought, and a greater degree of congestion producing weight or pressure, *headache, inability*

to think clearly, which, as the pressure increases, amounts to *stupefaction*.

The most intense degree of plethora creates paralysis. The symptoms of this are, a sensation of *fulness*, *increased warmth*, even *heat* in the brain. Violent bodily exercise, heating articles of food and drink, will accelerate congestion. Plethoric congestion consists in an abnormal accumulation of blood in the vessels of an organ; and is distinguished from inflammation in this respect, that in the former the increased vital activity is wanting, the presence of which always denotes inflammation.

Congestion and inflammation are, so to speak, closely allied to one another, because all congestion may be developed into inflammation.

The consequences of plethoric congestion are principally to be traced in cases of disturbed functions, and hence from it all gradations and varieties of nervous diseases may arise, from simple cramp to hypochondria and epilepsy.

The same cause may give rise to all kinds of local disorders; as, for example, in the stomach, *cramp*, *difficult digestion*; in the intestines, *colic*, *diarrhœa*; in the liver, *biliousness*; in the lungs, *asthma*, *cough*, *phthisis*; in the cerebrum, *delirium*, *insanity*, *apoplexy*; in the organs of sense, a variety of disorders, *deafness*, *imperfect vision*, *loss of smell*, *imperfect deglutition*; in the secretory organs, *profluvia*, *suppression*, &c. &c.

If inflammation ensue—for, as before said, every case of

heightened congestion may become inflammation, and continue to increase in severity—local swellings and extension of the vessels take place, as *varicose aneurismatic enlargement*, &c.

This is perhaps illustrated more clearly in hæmorrhoidal disorders, which, in the commencement, are nothing but congestion of the abdomen (*Plethora abdominalis*).

I will now explain how congestion originates, how to treat and cure it in a natural and rational manner; and prove to the reader that a certain species of it at least might be avoided.

There are three distinct varieties of plethoric congestion, or rather three distinct causes, by which local, as well as general, plethoric congestion may be produced. By far the most frequent cause is *local* debility.

As in the general system of nature, so in the human organisation, it is a fundamental law, that, in consequence of the equable pressure of a fluid in all directions, the greater quantity accumulates in that quarter where the least resistance is offered. It is so where *debility*, either vital or *atonic*, is present.

Thus congestion is produced in every weakened part, consequent upon severe concussion: also in every relaxed, unusually distended vessel; as, for example, the local hæmorrhoidal congestion, in which the rectum has been relaxed by the excessive use of enemas.

Another cause of congestion is that, owing to local debility, the power of the blood-vessels, principally of the veins in that organ, is diminished; and hence the

activity of the circulation is in part impeded and disturbed, the blood circulating decidedly slower in these localities, especially in the smaller veins. The necessary consequence is, obstruction and accumulation of blood in those vessels, and, finally, an inflammatory condition of the organ itself.

A similar example is afforded in *constitutional debility of the lungs*, which has nearly always to contend with local plethoric congestion to a greater or less degree. Another scarcely less frequent cause of congestion is

Local Irritation.

Every irritation localised in a part of the body, whether arising from a *mechanical*, a *chemical*, an *organic*, or a *psychological* cause, owing to the increased activity of the arteries, and the non-corresponding activity of the veins, creates an accumulation of blood in the weakened part. Thus, for instance, irritation of the skin creates a congested state of the capillaries immediately under it, as well as weakens the activity of the pores. Injury to the eye caused by dust, &c., creates a congested condition of the capillaries of the eye. Continued brooding of grief over a beloved departed object will often cause a congested condition of the minute vessels of the brain.¹

Equally so will pathological irritation. Tubercles on the lungs are a continual source of irritation, their

¹ This is called a *dynamic action*, i.e., when a physiological alteration for better or worse is produced by a psychological cause. The most general example is perhaps that of *fright* issuing in diarrhoea.

effect upon the lungs being analogous to that of the presence of foreign matter in the system, and hence they give rise to a continual tendency to congestion of the vessels, with the natural result of a further tendency to fully-developed phthisis and spitting of blood (*hæmoptysis*). It is particularly worthy of attention that irritation caused by metastasis, *i.e.*, the deposit of abnormal diseased matter or impurities on an internal organ, is the principal source from which chronic irritability and chronic plethora are produced.

Without doubt, the greatest and most important centre of irritation throughout the human system is that portion of the nervous system which is situated in the lower abdomen (*ganglion*); hence the frequency of sympathetic, plethoric congestion to the head, as well as to the lungs, which nearly always originates in the ganglion nerves. *Irritation*, that may often entail grave consequences, is also generated by the suppression of the activity of an organ; for this primary suppression creates another, and thus acts as an agent in creating still another irritant, which, in turn, becomes a new source of plethoric congestion. For example, suppression of the activity of the skin creates severe congestion of internal organs; suppression of the menstruation or of the hæmorrhoidal flux, a congested state of the *lungs*, stomach, brain. These irritants, which are created in accordance with the law of contraries (*Gegensatz*), might be termed *antagonistic irritants*.

The more usual causes of plethoric congestion are,—

Mechanical obstruction of the circulation in a part of the body which necessarily must create an accumulation of blood in the immediate neighbourhood. Thus a tight bandage will produce a congested condition of the part *above that* to which the pressure is applied. The presence of a swelling, or the induration of a part, acts equally in causing a congested state of the surrounding parts,—as the *goître*, in producing plethoric congestion to the head; the enlarged and hardened liver, in producing plethoric congestion of the rectum (hæmorrhoids). Also tight-clothing, as tight-lacing, and the consequent pressure on the abdomen, especially in a person of sedentary habits, will be productive of a like result. Force of gravity will also cause congestion—as lying with the head too low will cause congestion to the head; hanging of the feet, congestion of the feet. From what has been said, the reader will see that there are two distinct varieties of plethoric congestion, *i.e.*, in respect of its character—namely, *active* and *passive* congestion.

The first and most important step in order to cure already established active plethoric congestion, is to investigate carefully whether the patient is of a plethoric disposition;¹ so that we may take it for granted (if such disposition exists) that a plethoric

¹ We do not mean to say that the patient has *too much* blood, and that for that reason congestion is created. We mean that a person can and should, by adopting a simple, non-heating diet, regulate that tendency to congestion which is natural to his constitution; that from the habit of living in a rich and luxurious manner, such as partaking of spiced “made dishes,” wines, &c., the blood will become of a morbid condition, and congestion and inflammation will of necessity ensue; whereas in another person, of *different constitution*, the *effect* of these excesses would be of a totally different nature.

condition is the original cause. This may be recognised by the pulse being full, somewhat hard, and with difficulty compressed, as well as by a sensation of lassitude, and heaviness of the limbs; also by palpitation consequent upon active exercise. The presence of these symptoms imperatively demands that the diet of the patient be lowered, in order to reduce at once the *quantity* and *quality* of the blood. The diet should be simple, and not too nourishing; and the hours of sleep reduced. The patient should drink a good deal of pure cold water, and take suitable active exercise for absorption of the juices; even physical exertion is, in some cases, to be recommended (*i.e.*, if the *local congestion*, supposing that to have been present, is removed). On the whole, the body should be kept at a cool temperature; not too many or too warm bed clothes; no warm coverings for the head, &c. (It should be understood here that we have been speaking of a general plethoric condition, without reference to any local congestion.)

In local plethoric congestion it is necessary to investigate if there is no irritant which causes and continues to excite the congestion, as over-study, especially committing to memory, which will induce a congested state of the brain; or if it has not been caused by excessive exertion of the lungs, in loud singing, reading, or running, &c., which will induce a congested state of the lungs.

In such cases, regulation of the circulation is everything, and, of course, the removal of the irritants. Here again Ling's Curative Movements are indispensable; *not*, as art declares, either *local* or *general* bleeding.

I shall, at a later stage, revert to blood-letting, so extensively, and often recklessly, recommended and applied by the faculty, and prove to the reader that *nobody has too much blood*. There may be many whose blood is too thick, or has a tendency to inflammation, or who have unhealthy blood—*i.e.*, psoraic, poor, or watery blood—but certainly *never too much*.

Improve the constitution of a human being; teach him to use his lungs properly, and to regulate his diet by common-sense; teach him simplicity in the choice of his food and drink, and especially abstemiousness; enforce *strict cleanliness*, not bodily cleanliness only, but cleanliness in the water he drinks, and with which his food is prepared, and in the air he breathes; let him have plenty of milk, not too much sleep; caution him especially against alcoholic poison; and after observing these simple rules for a year only, even the very weakest, poorest, and most unhealthy blood will undergo a marked improvement; even the blood of those unhappy creatures who, after having passed through a long and tedious course of *orthodox treatment*, have been almost drugged to death. But to return to our subject.

As regards the second species, namely, passive congestion, we may almost always conclude that it is due to the presence in the system of *lymphatic, psoraic, rheumatic, arthritic*, or other similar disorders. And if so, we refer the reader to what we have said on the natural treatment of these diseases.

For the congestion itself, cold-water compresses, fre-

quently changed, and *Ling's passive movements*, to produce absorption, are recommended.

IF A DEBILITATED CONDITION, with *symptoms of inflammation*, is the cause, I would warn the patient against all heating, rich, spiced food, but still more against so-called *strengthening* remedies prescribed by art.. In such cases *milk* is the most advisable diet, and not only when taken cold or warm as a beverage, but the food should also be principally prepared with it, maccaroni, rice, sago, &c., boiled in it, and prepared with yolk of eggs. This diet must be continued until *all symptoms of inflammation in the congested parts have disappeared*; and when that stage is attained, the cold treatment may be proceeded with.

But when there are symptoms of extreme debility, *accompanied by cramp or spasms*, the treatment must be warm, as in all cases where cramp is apt to manifest itself; and the warmth must be applied *locally*, as in warm or hot fomentations. (See Stomach-cramp.)

Inflammation.

I must now, and that very specially, proceed to treat of the subject of inflammation, both acute and chronic, which I shall endeavour to do in as succinct a manner as possible. Out of every attack of congestion inflammation may be, and in most instances is, generated, either in the acute or the chronic form.

EXTERNAL SYMPTOMS OF INFLAMMATION are, *Redness*, *heat*, *swelling*, and pain, often combined with pulsation of the spot.

In forming the diagnosis of an internal inflammatory affection, we have not the aid, of course, of many of these indications ; and we are often reduced to a single, but happily sure symptom, namely, that of *severe disturbance, or obstruction of the functional activity of a part*, always accompanied by a greater or less degree of (inflammatory) fever. If, however, the internal inflammation is situated in an organ near the surface of the body, the *heat* may be felt by placing the hand upon it ; as, for instance, in inflammation of the liver. The surest indication of the presence of *internal* inflammation is always the greater or less degree of heat in the secretions and exhalations. Take, for example, *the heat of the breath in inflammation of the lungs, of the urine in inflammation of the kidneys or bladder*.

Another indication is swelling ; this sure symptom will be felt on pressing the tips of the fingers to the spot, particularly when the inflamed organ is near the surface, and not covered by bone. Also the intense pain may in *some* cases be considered a sure sign ; but this is often a deceptive symptom, for sometimes the most severe inflammation, even when terminating fatally, is *unattended* through all its stages by any pain whatever. This is owing to the *locality* of the inflammation. If situated in the membranes or in the membranous surfaces, the inflammation is always more painful. There will be much less pain, however, if the inflammation is in the *parenchyma*¹ of the bowels, or in the ganglion system, from which the nerves of the

¹ *Parenchyma*, the connecting substance of the viscera of the intestines.

injured part emanate, or with which they are anyhow in close connection, and which, in health, may be devoid of sensibility, although an abnormal, unhealthy, *i.e.*, inflammatory condition may for the first time rouse the related nerves, and the spot may only gain consciousness, so to speak, when excited by pain.

But still it is not *always* the case. If, therefore, any of my readers should chance to have to do with any one suffering from such an inflammatory attack, my advice would be: Never neglect to place the patient in a sitting or lying posture, the knees somewhat bent, and then commence pressing the whole abdominal region, first gently and tenderly, and afterwards with gradually increasing firmness. Then the patient, perhaps for the first time, will feel and evince pain, which he had not hitherto felt, or had felt in quite a different spot.

Here I feel bound to make a remark, which to non-experts may appear to be complicated, but which *in fact* is not; and the purpose of which will be more readily discernible when I say that this book is intended *principally* as a guide for my acquaintances and friends in America, of whom I have very many, and whom I have often thought in need of an *honest and friendly medical monitor*. I write this book especially to protect them from the imposition particularly of those travelling quacks whom the Government of America permits, out of mistaken ideas of liberty, to *systematically poison* ignorant persons. I wish and hope that every one who has not had a medical training may learn sufficient from this book to enable him to unmask the trickery of a quack, and also to judge of the treatment prescribed by a real physician, so far as only to follow his directions when just and right, and to tolerate no experimenting either upon himself or upon his children.

The remark above alluded to is this: It is extremely

difficult, and yet of the utmost importance, when a severe illness attacks any of our circle, and the symptoms are such as to give rise to grave perplexity, and there is no experienced medical aid at hand,—it is extremely difficult, I say, to decide when the question is whether the attack is one of INTERNAL INFLAMMATION, or one of those SPASMODIC, CRAMP-LIKE AFFECTIONS which is professionally termed *internal neuralgia*. The distinction between these is *extremely difficult* to trace, and yet it is of the most *vital importance* to be able to do so, as their respective treatment is entirely different, not only according to the natural method recommended by myself, but also as prescribed by the artificial rules of the profession.

In *internal inflammation* the artificial treatment is venesection and bleeding by cupping; whereas in *internal neuralgia*, *laudanum*, *camphor*, and *opium* are prescribed. According to the natural curative method, *internal inflammation* is, in its *first* stages, treated entirely with cold applications; nay, often the application of ice is rendered necessary, combined with *hunger diet*, *i.e.*, *water soups*; *milk*, and *milk soups*, and milk puddings being allowed only later on. *Internal neuralgia*, on the other hand, is, after the same system, treated entirely with *warm* or even *hot applications*.

In cramp affections (inner neuralgia) the pain and oppression of the chest, the pains in the stomach and abdomen, may be quite as intense as in the severest inflammation; and yet it is only *cramp*, *i.e.*, neuralgia. Hence, as the greatest precaution and prudence are in-

dispensable, I would specify the following as the chief marks of distinction, and chief points for investigation.

First, if there is fever; second, if the first local pain or uneasiness is accompanied by shivering; also if there is heat, thirst, and an accelerated pulse,—we may with certainty conclude that it is a case of inflammation. In addition to which symptoms, there may also be *fullness*, *firmness*, and *vigour* of the pulse, which, of course, in abdominal inflammation, and the severer gradations of peripneumonia, may be wanting.

One of the principal and least deceptive symptoms is the state of the *urine*, which, if red in colour and *hot*, always indicates *fever* and *inflammation*; for where *cramp* affections prevail, we shall always find the *urine* of a pale, *watery* appearance. The indication just given may therefore be regarded as *one* of the chief symptoms, if not *the* chief. We must also observe, that if the pain be of *equal severity* and continuance, it is an indication of *inflammation*. If, on the other hand, the pain is *changeable*, *i.e.*, sometimes less severe, sometimes more so, it indicates *cramp*.

In forming our diagnosis, we must never, in the investigation, *neglect* the external pressure. For example, in inflammation of the *abdomen*, if the sufferer can bear the pressure applied to the affected spot or region,—still more, if doing so should to a slight degree lessen the pain—it is certainly NOT inflammation.

It is necessary to remark, however, that *cramp* and all painful affections of the intestines may, if of long duration, terminate at last in inflammation.

The duration of *acute inflammation* is from seven to fourteen days—very seldom longer. The termination is either perfect dispersion of the malady—*i.e.*, perfect restoration to a healthy condition—which is preceded by its appropriate general and local crises, as *perspiration*, *urine*, &c., and *local secretions*, such as the expectoration of matter after inflammation of the lungs, &c.; or it changes to chronic inflammation or hardening, formation of tubercles, or disorganisations, as *hypertrophy*, *suppuration*, *mortification*, or *gangrene*. The entire dispersion of internal inflammation is recognisable by the perfect subsidence of the fever, and by the nature of the crisis.

If the pulse continues in an excited, feverish condition, it is always a sign that the inflammation is but *incompletely* dispersed, even though all the *local* symptoms have entirely subsided.

THE TRANSITION TO SUPPURATION is recognised by the sudden attacks of shivering. Then the pain will be somewhat diminished, but the local oppression will not be entirely gone, and the fever will remain, though with varying intensity.

THE TRANSITION TO GANGRENE is marked by a sudden and *entire cessation of pain and local oppression*, which is speedily followed by a *weakened* and sinking condition. The pulse becomes *smaller* and more *intermittent*, and the extremities (the hands and feet) colder and colder.

The immediate cause of inflammation is a heightened vitality of the vascular and blood systems. But scien-

tific discussion on this subject—on the manner, namely, in which plethoric congestion and inflammation are caused—lies outside the sphere of this treatise. Enough if we are able to recognise and deal with the malady as soon as it makes its appearance, and know *what* is to be done in order to grapple with it fearlessly, and enforce retreat.

Therefore, in treating a malady of this description by natural means and remedies, the two principal objects to aim at are—(1) The lowering of the whole system at once, through a diminished, a so-called *hunger diet*, until the fever has subsided to a marked degree; (2) total reduction of the thickening or swelling in the previously affected parts. The latter particularly must be the chief end to be aimed at in the treatment of inflammation. Now this process of absorption and subsequent dispersion is always the work of nature herself, of her innate restorative healing power (*Naturheilkraft*); but it is in all cases salutary to aid this crisis in a simple and *natural manner*. That this is *not* effected by bleeding is beyond doubt. Bleeding *weakens* the powers of nature, and so most certainly that of dispersion with the rest. To effect this dispersion¹ there are but two remedies—the application of heat, and Ling's Curative Derivative Movements.

¹ After the highest stage in the intensity of the inflammation has been reached, and it commences to subside, the vessels of the portions previously affected will, in some cases, become gorged, *i.e.*, their natural activity has not been *fully restored*, particularly in the serous membranous coverings of a part. It is for these thickenings that the warm-treatment is here recommended, to free the vessels from the burden, and stimulate the absorption thereof.

In dealing with inflammation, much depends upon the stage as well as the degree at which the malady has arrived,¹ in order to decide whether the treatment should be cold or warm. If inflammation is in the first intense stadium, which will be indicated by the pulse, hot breath, and urine, and particularly as long as severe fever is present, a cold treatment is advisable (not ice), plenty of air in the chamber, light, woollen coverings, &c.

If the inflammation, on the other hand, has reached a *higher* stadium, the one, that is, where we are to assume that thickenings or swellings of the parts are formed, then, of course, warm or hot fomentations must, as before mentioned, be resorted to, for *to apply cold here* would increase the induration.

It is extremely difficult to describe the symptoms and treatment of a malady such as inflammation merely in the general; for the symptoms of acute disease in the human body often develop and vary almost as the shifting forms of a kaleidoscope. It is impossible, therefore, to describe *each symptom* and the special treatment according to the gradation, age, &c. In this case, therefore, much must be left to the sense and judgment of those in charge of the patient.

Inflammation of the Lungs and Chest.

Pneumonia.—When accompanied by sharp stitching

¹ Also, of course, the patient's age and the degree of vitality possessed by him; inflammation in a young person, full of blood and productive power, requiring still greater promptitude than when the patient is of maturer age.

pain, we may assume that the seat of inflammation is in the *pleura*, the muscles of the ribs, or the surfaces of the lungs. Inflammation of the lungs, when not accompanied by actual pain, but by oppression, tight breath, and anxiety (*peripneumonia*), indicates that the inflammation is in the *parenchyma*¹ of the lungs. If, however, there is only an inflammation of the mucous membranes of the bronchi, and not inflammation of the lungs themselves, it will be recognised by a continual and intense irritation, causing a tickling cough and hoarseness, and is nothing more than a catarrh and an inflammatory condition of these membranes.

In all these cases a warm treatment is necessary. I have seen material benefit gained from the administration of the homœopathic medicine, *Aconitum*, No. 6 or No. 12; five globules in a half tumbler of water, one teaspoonful every hour until the pain has decidedly abated, after which only one teaspoonful every three hours. If the inflammation is intense, and sets in with full, hard pulse, administer No. 6. If, however, the same is accompanied by oppression, anxiety, and tightness of the chest, combined with a small, soft, sometimes intermittent and unequal pulse, give No. 12. The term of the illness is seven, fourteen, or twenty-one days. As a matter of course, "hunger diet" must be observed.

Another of the surest indications of the presence of inflammation in the lungs is, that speaking or breathing deeply will excite a severe cough; whereas if there is *no*

¹ *Parenchyma*, the connecting substance of the viscera of the lungs.

cough whatever, we may conclude *there is also no inflammation*, although all the *other* symptoms may lead us to suppose inflammation to be present, and we must then seek for the causes elsewhere.

Inflammation of the Throat (Angina).

Symptoms.—Pain and difficulty in swallowing, and often entire inability to do so; piping, wheezing, difficult respiration, and alteration of voice. The greater or less danger of the malady depends upon the seat of the inflammation, whether it is in the *pharynx* (food-passage), or *larynx* (air-passage), or in the *salivary glands* (mumps), or the *uvula*, or the *tongue*, especially the root of the tongue. The accompanying symptoms are, excessive flow of saliva and expectoration, exudation of phlegm on the inflamed portions of the mouth, which are at the same time covered with it. There is also difficult and obstructed circulation of the blood, partly in the return flow *from* the head, caused by pressure on the veins of the neck; partly through laboured breathing; and hence, in the higher stages of inflammation, *sopor*, nay, even *apoplexy*, may set in.

Inflammation of the throat is one of the most simple and least serious maladies; but it MAY BECOME EXTREMELY DANGEROUS, nay, it sometimes terminates fatally.

The degree of danger depends partly on the stage it has reached, partly on the intensity of the swelling of the inflamed part, and partly on the seat of the dis-

order, there being most danger when the inflammation is seated in the *larynx*.

In all affections of the throat there should be careful attention to the symptoms at first, and instant treatment. That which might be entirely cured by two or three cold-water compresses in the beginning, may, from the neglect of two or three days, require fully four weeks to heal, and is then often attended with serious danger. Affections of this sort usually terminate in total reduction of the thickenings or swellings, or are transformed into callosities or suppuration (especially after *Angina tonsillaris*), or else chronic inflammation of the throat ensues, &c.

CAUSES.—The usual ones are particularly chills, externally or internally, or drinking very cold beverages when heated, or exposure to the cold north-east or east wind, or running or walking quickly with the mouth open. In addition to these, certain contagious diseases are particularly liable to create inflammation of the throat, as scarlatina, syphilis, &c. The seat of the inflammation determines the nature of the remedy which should be adopted, which in *one* case, happily of rare occurrence, must be surgical. In severe inflammation of the *pharynx*, placing small pieces of ice in the mouth and letting them dissolve there, also ice-bandages round the throat are, in *desperate* cases, so to speak, the saving of the very life. But I would not advise recourse to this treatment except in the *greatest* emergency—*i.e.*, when the inflammatory condition increases in intensity with extreme rapidity, and it is

feared that the throat may possibly become so *swollen* that suffocation is to be apprehended; in that case the ice-bandages must be continued until the inflammation commences to give way. Local bleeding by the application of leeches is always a failure,¹ owing to the increased flow of blood towards the spot where they were applied.

Better than any remedies will it be to use PRECAUTION, such as strengthening the throat, so that it will be enabled to resist the external influences of the atmosphere, &c. Bathing of the throat, neck, and occiput two or three times daily in cold water; the administration of gentle frictions, passing over the jugular veins, glands, and muscles of the throat; and, if possible, Ling's "*Head Bendings*," are the best means of *preventing* inflammation of the throat.

Another species of inflammation which is also worthy of remark is periodical inflammation—*i.e.*, that which after a certain *type* always returns, and in the intermediate space entirely disappears, and hence cannot be considered as belonging to the class of chronic inflammations. This cannot really be regarded as genuine *inflammation*, because it always proceeds from nervous disorder, which, in fact, is at the root of all diseases of a periodical nature.

By chronic inflammation we must, in my judgment, understand a *continual local irritation*, produced by a

¹ The alleviation produced by that means is only apparent and temporary, as in the course of a few hours the patient will for the most part be exactly as before.

heightened susceptibility of the nerves, which increases with the duration of the disease, until it subsequently becomes developed into another but far graver disorder as, for instance,

Inflammation of the Spinal Marrow.

This is most frequently *chronic*. The indications of the disorder in its early stages are, pain in a part of the spine, either permanent or returning at intervals, always upon the same spot, after a time accompanied by a certain numbness of the extremities, usually in the lower ones or feet, which subsequently develops into paralysis. Later there is scarcely any pain; nay, chronic inflammation of the spine, which is either inflammation of the spinal marrow itself, or of the portions of the cartilages immediately surrounding, may continue for some length of time as chronic inflammation, without any complications whatever; and with the exception of the increased numbness in the extremities, the patient will feel perfectly well; but, after a length of time, other disorders will introduce themselves. We must also observe that, in connection with this, internal organs may also become more or less paralysed; for example, if the upper cartilages are affected, paralysis of single nerves in the neck and chest almost always results; hence *tightness of breathing* (dyspnœa), *palpitation*, &c. If the lower cartilages are affected, disorders of the *stomach* and *intestines* may ensue. In this manner inflammation of the spinal marrow may assume the form

of a variety of diseases, for which it is frequently mistaken and treated.

The causes are mostly *mechanical injuries*; *hæmorrhoidal plethoric congestions* of long continuance; *chronic rheumatism*, which has been *improperly treated or neglected*.

The consequence, if the inflammation be not entirely dispersed, is *exudation*; *hydrops vertibralis* (dropsy of the spine); *crooked growth*; *tabes dorsalis*; *atrophy of the spinal marrow*; ¹ *suppuration*; *caries*,² &c.

From what has been said, we may infer that it is *most important* to detect disease of this nature at *the commencement*; for it is the time which the disease has lasted which renders the cure of it so difficult—indeed if it has been trifled with too long, it becomes at last incurable.

If, therefore, we should have to do with any one who complains of pain in the spine, we do well not to take the matter too lightly, or to consider that all that is necessary has been done, when we have caused the spine to be rubbed with spirits of camphor. The sufferer should be stripped to the hips, his arms stretched over his head, with the hands together; and then required to stoop somewhat forwards,—in order that the vertebræ may be brought into prominence. We should then place the three fingers of the right hand upon, and pass them slowly and firmly over, each

¹ A wasting away, a cessation of the natural nutrition of the spine due to various causes.

² A softening of the bones.

cartilage in succession, commencing from the top. If there is disease in the spine, he will be sensible of pain when the fingers pass over the sensitive spot, *i.e.*, the spot where the inflammation is present, or else evince the presence of the disease by an involuntary start. Should we, however, feel the slightest doubt, we should take a sponge which has been previously dipped in hot water, and pass it over the whole vertebræ first slowly, and then a shade more quickly, and we may be sure that where *inflammation has set in*, pain, and indeed severe pain, will be felt. If both trials have been unattended by any result, we may conclude with certainty that *no* inflammation is present.

Notwithstanding that by far the greater number of spinal marrow affections are of a chronic nature, acute forms of this disorder may also sometimes be met with. These are more easily recognisable, because they are accompanied by fever, an increased temperature of the body, and palpitation. For its radical removal (that is, of chronic inflammation) I know but *one remedy*. I have witnessed the application of *leeches* and cantharides plaster on the affected parts; have seen embrocations of mercury and *iodine*, also *calomel*, internally administered, but with *after-consequences* more or less serious. The remedy I refer to is simply warm water applied in the form of fomentations, with a gradual increase of the degree of heat; and three times daily spinal frictions, administered for from ten to fifteen minutes at a time by the non-perspiring hand of a healthy person; and, when the pain begins to lessen, the application of the

movements after Ling's system, which will set the whole spinal cord in gentle, tender motion. Through these means *alone* can the total dispersion of the inflammation be effected.

But, I hear the reader ask, What are these movements? How are they applied? The answer, nay, even an imperfect answer, to that very natural question is difficult; because, to be able to comprehend and appreciate Ling's Curative Movements in their entirety and in their action, it is absolutely necessary to be acquainted with at least the first principles of Anatomy and Physiology, and also to understand the action and reaction produced by the diminished or heightened circulation of the blood and juices of the body.

Let us take, for example, sluggish action of the liver, and, in consequence, faulty secretion of bile, which, again, as a consequence, produces a disturbance of the digestive organs. What a number of medicaments the patient has to take before a so-called improvement is effected in *the activity of the liver, and before a more regular secretion of the bile is produced!*—medicaments which in themselves act deleteriously on the stomach and disturb its normal activity still more. Putting aside the great weakness which always remains after this chemical process of cure, how long and painful the malady itself is, particularly in *its consequences!*

Now, in such a case, *i.e.*, of defective action of the liver and faulty secretion of the bile, what would a curative gymnast practising Ling's system do?—A word of expla-

nation first. The inactivity here, that is to say, congestion, is a greater or less obstruction of the circulation of the blood in the liver, with more or less expansion of the vessels, by which liver and bile are brought into a partially fixed or sterile condition. As a natural consequence of this, the circulation itself becomes more and more feeble and defective; the results are inactivity, disturbance of the normal action necessary to the vital organic regularity.—The first necessity, therefore, is to bring these organs out of their sterile or fixed condition. If the patient is in bed the curative gymnast will cause him to be placed in a horizontal position, turned a trifle more to the left side than the right, and with his knees somewhat drawn upwards. He will then commence to administer tender and gentle circulating frictions over the whole region of the liver, continuing these patiently until increased warmth and local perspiration result, which always do result if the movements are properly and skilfully applied. He will then carefully try and ascertain if the liver is somewhat less sterile or fixed in its position, which, by-the-by, is a difficult manipulation, the front lobe of the liver being covered by the ribs. Should the desired change have taken place, he will then proceed, after having caused the knees to be drawn up a little higher, to administer with both hands the usual abdominal friction; and will continue to apply slight pressures on the hypochondria until he is satisfied, by the decrease of sensitiveness evinced by the patient, that a slight improvement has been attained. He will next insert his

hands under the right ribs, and delicately administer for a few moments a series of very gentle vibrations, resuming immediately afterwards the abdominal friction, and repeating the vibrations in alternation with the friction, but every time with increased vigour, and for a longer period.

If by this time the desired improvement has set in, he will direct the patient to lie quietly and passively, say for a quarter of an hour, first on the right and then on the left side. If, after this trial, the pain be not entirely removed, both in the right side, the region of the liver, and in the left side, in the neighbourhood of the spleen, he will continue the abdominal frictions and vibrations until his object is attained. But *when it is* attained, the patient will be laid in a horizontal position on his back, with his right arm raised above his head, upon which the operator will begin *carefully* and *gently* to apply slight percussions over the whole region of the liver, in front as well as behind. It is scarcely necessary to add that this treatment must be continued daily for some time, in certain cases for weeks, before *complete* restoration can be effected. When, however, it *has* been effected, it will be a real and perfect restoration, a literal leading back, so to speak, to the state of normal health previously enjoyed by the patient, who will have no occasion to fear that inevitable *terminative result* of all continued chemical pharmaceutical treatment, DRUG DISEASE.

It is necessary for the sake of some I should mention here very explicitly,—

First, that *Ling's Curative Gymnastics*, or *Curative Movements*, are a *system*, and that it rests on a purely scientific basis, particularly on the sciences of *Anatomy* and *Physiology*, combined with the fundamental laws of Hygiene; that there is no *organ*, *artery*, *ligament*, *muscle*, *tendon*, *gland*, or *cartilage*, internal as well as external, in the whole human organisation, which the masterful genius of P. H. Ling has not invented means of reaching and acting upon in a curative and healing manner; that by his profound wisdom and thorough knowledge of the structure of the body, its condition in health, and alteration in disease, these movements have been scientifically and philosophically placed together, and *practically demonstrated* by him in his own gymnasium in Sweden. Secondly, that whosoever would practise Ling's Curative System, nay, only understand and comprehend it in its entirety, and would carry out the grand ideas of Ling truthfully and intelligently, must possess that same *knowledge* by which Ling has proved himself to be such a benefactor to the race.

Is it necessary for me, after what has been said, to draw attention to the fact, that so few of those who profess to be technically and scientifically instructed are *curative gymnasts*? What sad mischief is perpetrated under the name of Ling's great invention! Every teacher of Calisthenics, or medical rubber, terms himself a professor of Ling's Curative Movements. Yet all these people who introduce themselves to the public, to the intense satisfaction of medical mediocrity, as professors of Ling's Curative Gymnastics, however respectable and worthy they may otherwise be, are simply pretenders. What wonder, then, that the public should expect to find a curative gymnast in every retired sergeant, or that seeing too often the ineptitude of the result, they should look with scorn on the system itself, and all its intelligent supporters? And as regards the genuine results of the system, intelligently studied and applied, is it to be wondered at, that when individuals had been overdressed, and their maladies thus rendered all but incurable, they should have required a far longer time for improvement and ultimate cure than would have been necessary, if the *effects of these drugs* had not had to be first counteracted and annulled, before the organisation could be so

much as brought into a condition of responsency, so to speak, to simple and natural remedies?

Is it not clear to every intelligent mind, that every individual is by the gift of nature, and the grace of God, endowed with but a certain amount of vital power; and that the more this is used up, the less is the possibility of cure, until ultimately it may be no cure is possible at all? Ought not the fundamental aim of every system of cure, or endeavour to lead the body back to a normal condition, to be to husband and preserve these same vital powers, the squandering of which is the squandering of life? Nay, I affirm that it is a SACRED DUTY to save and not to waste these energies; and that to impair, no less than extinguish them, is a heinous crime.

CHAPTER XI.

Skin Diseases.

IN this chapter I propose to consider the symptoms and treatment of a disease which is deserving of universal attention, for it is, so to speak, the *mother evil* and fountain-head of all the diseases of humanity. Certainly this malady is not unknown to you, although perhaps by a variety of different terms. I would, therefore, beg of you not to care for these terms, and still less to permit yourself to be *alarmed* or *confused* by them. He who would reflect and inform himself, if only in an abstract sense, on the subject of the physical or moral condition of humanity, in order to be of service to those about him, so as to lead them out of the crooked ways of prejudice and habit, into the direct and sunlit paths of logical thought, reason, and research, must arm himself with the necessary moral courage to face all, especially petty difficulties. And I am bound to confess, though hesitatingly, that in my long experience I have found this desirable quality in a much greater degree among the so-called *weaker*, than the *sterner* representatives of humanity.

The evil to which I allude, is that which we recognise generally under the name of *skin disease*—(*exanthema*).

According to my view, all skin diseases should be divided into two classes, viz., those accompanied by fever, nay, which are in fact sometimes nothing but a *symptom* and *consequence* of fever; and those which are unattended by any fever whatever, pass through the usual course, and subsequently disappear, or become transformed into some other chronic disorder. Skin diseases of an *acute* character should doubtless be regarded as *blood diseases*, and must, of course, be treated accordingly. The second variety, on the other hand, includes those which begin without any fever, presenting appearances of a chronic character at the commencement, which are easily distinguished by the practised eye, and embraces diseases whose origin is traceable to a weakness of the glandular system, *i.e.*, a *faulty activity* of the *glands*, *lymphatics*, &c.; also a faulty and irregular secretion of the juices. These may be regarded as chronic skin diseases at their first appearance, and consequently may be classed with *psoraic diseases* and *morbid cases of scrofula*, which, if often of an apparently trifling nature, *should for that very reason never be neglected*, STILL LESS SUPPRESSED—that is, if we would not run the risk of the GRAVEST CONSEQUENCES.

It has been thought advisable to introduce a number of foreign-sounding terms, not only into pathological treatises, but also into the practice of medicine itself. I propose, however, in this book, to use only those which will be necessary for the complete recognition of the disease, and principally with this design, that when the

reader happens to hear any of these terms used, he may not be confused by them.

The primary indication of all skin diseases is, *an alteration in the skin, either in its colour or its form*. Provided, of course, this alteration is not due to mere external injury, skin diseases may, as regards form, be distinguished as follows by,—

1st. SPOTS ON THE SKIN (*Haut-flecken*) *without* the surface of the skin being raised.

2d. SPOTS ON THE SKIN, *with* the surface raised, but without pustules.

3d. SPOTS ON THE SKIN with the raised parts either empty or filled with serous moisture.

4th. RAISED SPOTS covered with a dry crust, or a granulous surface.

5th. ELEVATION OF PORTIONS OF THE SKIN, and destruction of the same by suppuration.

In chronic skin diseases, these forms are exceedingly changeable and variously modified; from which naturally a great many most diverse varieties are produced, which have been all specified by different terms, in order to distinguish them carefully from each other. These niceties of distinction, however, can only be of interest in a merely scientific point of view; they are literally possessed of no practical value. I have, therefore, thought it more useful to class them under the principal forms of skin disease.

Distinction as to the nature and character of the disease is of more importance, as that is indicated by the presence or absence of fever, &c. For, indeed, sometimes

these spots only appear as *symptoms* of an acute fever, appearing and disappearing almost simultaneously with it; and hence are never dangerous, so long as the acute fever does not assume another and graver character.

Chronic skin diseases do not, in general, terminate fatally; unless they are SUPPRESSED, or complicated by *metastasis* of very long duration, *undue disturbance of the vital functions*, as those of *nutrition, reproduction, &c.* The termination is usually the formation of general *dyscrasy* and *decline*.

The remoter causes, which are very worthy of attention, of all skin diseases are, *uncleanliness; neglect of attention to the skin (hence the reason why skin affections are more prevalent in the less intelligent poorer classes); chronic suppression of the activity of the skin, which always creates irritation and disease in it; a damp climate; damp in the air, or in one's house; bad food; impure water for drinking, cooking, &c.; the excessive use of acrid, salted, smoked fat, or decomposed aliments, particularly cheese, and stale pork meat; as a matter of course, heating liquors; and also many skin diseases may be attributed to an over-indulgence in rich diets. These causes tend to surcharge the body with juices, by which not only crudities in the *primæ viæ* are generated, but also in the assimilating processes; that is, a quantity of imperfectly digested and imperfectly assimilated matter is collected, which is by and by deposited in close proximity to the skin, in the character of a *sharp, lymph-like irritant*.*

The origin of *skin disease* often lies in a disposition of the constitution to acquire and develop it. This is what is meant by a *psoraic* or *strumous constitution*, which in most psoraic maladies is hereditary, and hence may belong to whole families, and show itself for several generations in a greater or less degree.

Simple acquired skin diseases are mostly caused by an excess of warm treatment in infancy and the first few years of life, as well as from the age of fifty and upwards. Certain it is that age and infancy are the periods of life during which there is the greatest disposition to these affections. During both periods the secretion of the skin is *imperfect*, and to this cause we may in the first instance refer exanthematic disease. Nay, I know several cases where stubborn skin diseases have manifested themselves from no other cause than the decay (disorganisation) of the skin, due to the process of age alone. Psoraic maladies may, at their first appearance, nearly always be attributed to a debilitated and faulty state of the secreting vessels of the glandular system, and being *mostly* hereditary, must always be considered and treated as *constitutional diseases*.

Naturally, the treatment of *exanthematic* affections arising from *fever* is in every respect different, for in that case they have their origin far more in the blood than in the glandular system.

One of the most common and formidable of acute skin diseases is—

Smallpox (Variola).

This malady passes through the following stages:—

1. The first contagium. For the first few days, from the third to the fifth, there is nothing remarked but a peculiar feeling of fatigue and lassitude, and a periodically returning nausea or disgust at food. *After* this time the fever commences, very slightly at first, but increases every day until the fourth or fifth, the day of the outbreak. It is distinguished from other fevers by features which enable us to determine with certainty that the malady is *smallpox*, a knowledge which is of the most vital importance at this early stage in regard to the subsequent treatment. These are *nausea* and *vomiting*; the breath has a very peculiar, offensively foul odour, as also the *urine*; there is *bleeding at the nose*, and also *increase in the intensity of headache*, which *in adults often amounts to delirium*, but in children produces a kind of start, analogous to epileptical twitchings.

2. *Stadium*. After the course of the third fever exacerbation, the pocks commence to break out—first on the face; then, usually next day, on the hands; lastly, on the third day after the commencement of the *eruption*, on the feet and the remaining portions of the body. The pocks appear at first as small red spots, which, however, hourly increase in circumference as well as in conic elevation. Already, on the first day of the eruption, on close examination, an extremely minute globule, resembling a millet-seed or sand, may

be felt in each red spot (*stigmata variolarum*); and this is the one sign which assures us that the small red spots are in fact *smallpox*, and not measles, or any other eruption of the skin.

This stage usually lasts from three to four days. During this period fresh pocks are continually making their appearance, so that the patient has, in fact, pocks of three different periods, each of which requires the same time for its development. Hence the pocks on the face, coming out first, commence to suppurate before those upon the hands, and those on the hands, coming out next, commence to suppurate before those on the feet; and as they suppurate in this order, so they dry off in the same. Thus the pocks upon the face commence to dry off when those upon the feet and other portions have but attained the stage of perfect suppuration.

With the outbreak of the pocks the fever, in cases of simple, non-virulent attacks of the disease, subsides, the patient often feeling almost quite well, with the exception of the local irritation caused by the pustules. And, indeed, I speak only of the malady in its simple form; for, thank God, it is but seldom that it assumes a severer or more virulent character.

When the suppurating stage has been happily passed, the pocks, after having perfectly dried off, will in due time harden into a crust or scab.

This requires, also, three or four days, sometimes, though seldom, five days. At times, though very rarely, in certain single pocks after-suppuration will occur, accompanied with a little returning fever.

The patient should *beware of irritating or scratching*; when this stage is reached, it is *imperative* that the hands, face, &c., be slightly anointed with oil, because the scabs do not become detached from the skin wholly, but in a fine, crumbling kind of powder, the atoms of which will poison the atmosphere of a room and the neighbourhood, and being inhaled by those around, will spread contagion rapidly; *this* the oil will to a very great degree *prevent*. The scabs will then become gradually loosened, and for a long time red marks will be discernible. In cases in which the pocks have been scratched, *i.e.*, in which the scabs have been forcibly loosened with the nails, scars will remain, of a character which is familiar to every one.

The commencement of the drying off of the pocks on the face is the most dangerous stage of the whole disease; hence particular attention must be paid to it, the greater number of *relapses* happening during this period. For the more *complicated cases*, it is more than difficult to give advice, because the forms are so variable and changeable, and in almost all instances affected by the individualities of the patient; *e.g.*, in nervous individuals, the complications will set in with nervous fever, &c.

When we consider the dreadful ravages caused by this malady, not only among children, but also among adults, I think the reader will spare me time and patience if I try to make myself more explicit.

The sooner we are certain that the disease with which we have to deal is *smallpox*, the more chance there

is of cure for the patient. There are two principal things which must *never* be *forgotten* in the treatment of smallpox : these are keeping the patient cool, and providing a plentiful supply of *fresh, pure air*. It is almost incredible how much may be attained simply by *these* specifics in this malady,—partly in lessening the *reproduction* of the poison and the number of pocks, partly in palliating the most dangerous attacks. We must always conceive of the patient as in a condition analogous to that of a *fermenting poisoning process*, which may be *lessened* by *cold*, but will be decidedly *increased* by warmth. We must also conceive of him as surrounded by a cloud of *poisonous fumes*, the reaction of which, through the lungs on the organisation, is fraught with extremely baneful and disastrous results, and which MUST be dispersed and supplanted by a continual renewal of pure fresh air. All rational experience has proved the efficacy of these remedies beyond a doubt; for it is only too certain that excessive warmth, and the absence of the necessary currents of air, are in themselves sufficient to convert the *mildest form of smallpox* into the most malignant and dangerous.

In addition to the application of cold and the introduction of fresh air, purification of the *primæ viæ* is of the *utmost importance*. Two copious evacuations are indispensable, especially in the first three or five days of the malady. We should keep the patient as much as possible *out of bed*, and in the vicinity of an open window, but not directly in a draught. He should be

clothed warmly, so that he may not shiver, and his bed must under *no circumstances* be a feather one.

Referring to the usual treatment, I pass over the calomel administered in doses of two or three grains, two or three times a day; I turn my back upon the *venesection*, also advised by art; for, even in the most plethoric constitution, I consider the consequences of bleeding, in cases of smallpox, to be nothing short of fatal; and I only speak of what the natural method recommends.

The diet must be *extremely* simple: *no meat; no kind of acids, lemonade, &c.*; nothing but *milk, milk and water, oatmeal gruel*, barley water. As soon as we have arrived at the conviction that we have to deal with *smallpox*, we should at once commence to give doses of *Thuja*, even if the malady is not *fully developed*. Administer at once *two globules dry on the tongue of No. 30*, put *five globules in half a tumbler of clear filtered water, which should be thoroughly dissolved by pouring the liquid from one glass into the other, not by stirring*; then administer one small teaspoonful every hour, until the outbreak, as formerly described, is entirely ended; from that time, every two hours one small teaspoonful. I cannot sufficiently acknowledge the remarkable results which have always attended the administration of this homœopathic medicine, in conjunction with the other regulations of the cool treatment, in cases of smallpox under my immediate observation. Moreover, at the time the *Thuja* is given, there should be *cold washings of the face*, particularly of the eyes, every ten to fifteen

minutes, and always with *fresh cold* water, *which must never be used for the purpose twice.*

IF IN ANY WAY POSSIBLE, the bed linen should be changed daily, as well as the body linen of the patient, for which clean, *well-aired*, and somewhat *warmed* linen should be substituted. Should this be impossible, it is imperative that the bed linen at least be hung for a few hours daily in the fresh air. Nothing is so *effective* for the cure itself *as strict cleanliness.*

Further, we must pay particular attention to the action of the bowels. As already stated, two copious evacuations will be ample for the *commencement*, and during the period of development of the disease; this must be effected by *two* or, if necessary, *three* enemas of warm water and soap (soap without soda). Much drinking should be encouraged, in order to increase the activity of the kidneys.

If, in the earlier stages of the disease, the patient has been treated according to the directions just given, we shall have nothing further to do in the subsequent stages, except to continue the same treatment, and watch the symptoms in case a complication should set in. Should complications of any kind occur, which will be discovered by a renewal of the fever (*suppuration—secondary fever*), with hard accelerated pulse, the case will require our *utmost care and attention.*

If the redness of the skin surrounding the pustules should increase, and if the pustules themselves become charged with matter so that they threaten to burst, it will be best to let the matter out; this will be most

readily effected by a small lancet, which, however, must be handled with skill and the utmost care, or else the already intense inflammation will be increased. *At this stadium warm milk enemas should be administered, in lieu of soap and water.* As soon as the fever has completely *subsided* all danger will have passed. After this the patient should have *perfect rest* for a few days. A cup of good cocoa with a little toast, *tepid baths*,¹ *milk as a beverage*, good *milk* nourishment, and—but not until the appetite has fully returned—some simple meat-broth, *but no meat*. In fact, one should hesitate before permitting the patient to have meat, as by this means *metastasis* is so easily induced.

Chicken-pox are not dangerous, although they perfectly resemble *smallpox* in their form. The course of this illness is much shorter, and it is by this *alone* it is distinguished from *smallpox*. The cure is effected by nature *alone*, without the slightest aid of even natural remedies:—Good air, simple milk diet, strict cleanliness as mentioned above, and, only when the patient becomes gradually convalescent, one or two enemas of warm milk.

Modified pox occur when the real *smallpox contagium* settles itself in an individual, but is modified by the fact of his having been previously vaccinated; hence the name. The occurrence of this is a practical proof that vaccination is not always a *complete* preventive, even though it may modify the intensity of the malady.

¹ These baths must not be allowed until there is return of strength and appetite in some small degree, and total abatement of the fever.

CHAPTER XII.

Measles.

THIS illness is seldom really dangerous if attended to. In most instances it assumes at first a merely catarrhal character, until the outbreak—viz., the eruption on the skin—takes place. In this malady the mucous membranes are principally affected, *particularly* at its commencement and termination.

The first stage commences with fever, accompanied by a *peculiar short, dry cough*; the eyes are *red and watery*, and *shun* the light. Frequent sneezing, as well as the constant flow of mucus from the nose, are the surest symptoms that the fever is *that* which announces and accompanies measles. These symptoms, as well as the fever, increase and become more troublesome each day, until the day of the complete outbreak of the disease. Headaches, seated in the forehead particularly, are now added to the other symptoms. With children delirium sometimes sets in, or diarrhœa, but seldom both together. On the third to the fifth day the measles appear, commencing mostly on the face and arms, in the form of small red spots, which are at times somewhat raised, but which never form pustules.

When the measles appear suddenly, and in great

quantities, the skin on the face and hands usually becomes swollen somewhat as in the smallpox, but never of such intense redness. The cough and affection of the eyes become aggravated at the outbreak, the former being caused by the increase of measles irritation (*Masernreitz*) in the mucous membrane of the lungs. On the third, and sometimes, though seldom, on the fourth, day after the outbreak, the spots become paler and begin to disappear in the same order as they made their appearance. The cough and the affection of the eyes subside gradually with the disappearance of the measles; the fever usually subsides entirely.

But should this *not* be the case, *i.e.*, should the fever continue notwithstanding, it is a symptom that complications have already, or are about to, set in. The skin usually commences to peel after all the redness, or rash, as it is called, has quite disappeared, in very minute particles, often resembling bran or flour. This usually takes place at the sixth or seventh day; but the process of peeling is sometimes delayed for two or three days, if the attack has been a very severe one. During the period of peeling a critical perspiration with a strange odour usually sets in; the urine, too, smells offensively, and in most cases there is also a mild diarrhœa, which indicates a healing crisis; and after a few days the patient will be perfectly restored.

Though, on the whole, this malady is not a dangerous one, particularly in children, it is very advisable that a strict regularity still be observed in regard to diet, and great care taken to avoid catching cold just at the

period of convalescence, it being a peculiarity of measles that it generates after-diseases (*Nachkrankheiten*), more commonly those of the lungs or bronchi, or of both. Hence it appears that the measles are by no means so dangerous as the smallpox, and that only the *suppression* of the eruption or carelessness during the period of convalescence can make them so.

The natural treatment of measles is thoroughly simple, only the care and attention which has to be given to the patient renders it somewhat irksome or difficult. The chief specific in the cure of this malady is warmth, just as that of smallpox is cold. I say *warmth*, but not *heat*. Exposure to a chill *may* entail the most serious consequences, nay, *must* do so, if the eruption has by that means been *checked* and *suppressed*. The patient must also be spared all emotion, whether painful or pleasurable. Therefore a medium warm treatment must be resorted to, and there must be a careful avoidance of all chills. To secure this, it will be the safest plan to keep the patient in bed (not a feather one), in summer from fourteen to twenty days, in winter from four to six weeks. The temperature of the room must be from 55 to 60 degrees Fahrenheit, not more. All this is *indispensable* for the avoidance of metastasis. In simple, healthy *measles* (not complicated), it requires nothing more for the whole cure than the treatment *just* specified; besides antiphlogistic (non-heating) diet, drinking freely, and, lastly, one or two enemas, with *two* teaspoonfuls of *pure* Lucca oil; this

last, of course, only in case the bowels should not be naturally relieved.

We now turn to the consideration of one of the gravest of acute skin diseases, discussing it as thoroughly and exhaustively as we can—1st, because the power of infection is so great; and 2d, because the outbreak is so sudden and dangerous to life. A thorough familiarity with the symptoms, however, will enable us to take precautionary measures in a *calm* and *resolute* manner, *before* the real outbreak, and thus to ward off the danger and ameliorate the severity of the attack.

It will be readily comprehended, that I am here referring to

Scarlet fever (Scarlatina).

We shall at once make the reader thoroughly acquainted with the *diagnosis* of this disease, before we enter upon any details: *A sensation of heaviness or languor in the body; drowsiness; fever, with an unusually accelerated pulse; pain in the throat; a feeling of swelling in the throat when swallowing; in most cases, not in all, vomiting once, seldom more. After one or two days, seldom more than two or two and a half, the eruption of large scarlet spots, which, without being at all defined or circumscribed, become lost in the neighbouring colour of the skin, resembling the eruption of erysipelas (Rothlauf, Rose). Often whole groups of muscles are covered with this redness; four or five days after the com-*

mencement this redness disappears, and the skin gradually dries off, which, becoming detached in large pieces, scales or falls off. A great tendency to serous or watery deposits, under the surfaces, from which the skin becomes detached, makes itself visible. The scarlatina spots are usually quite smooth to the touch, but I remember two cases in which they were uneven rather, as though a number of small seeds were under the surface.

Such are some of the most general of the pathognomonic symptoms, but no disease shows so many anomalies in its phenomena as scarlet fever. Sometimes there is little or no alteration, or redness of the skin externally, the only appearance being that of *angina*, that is, *internal scarlatina of the mucous membrane of the throat*. The surest and most undeceptive symptom of the presence of scarlet fever is, the *extraordinary celerity* of the pulse, which is never met with in fever accompanying any other skin disease. *The absence of a violent and quick pulse* (100 to 110 pulsations per minute), is proof positive that the malady in the course of development before us is *not* scarlet fever. Fever and *angina* increase in intensity as the outbreak approaches.

The spots usually make their first appearance on the forearms and hands, spreading afterwards over all the rest of the body; *much* seldomer, however, in the face. At the commencement the spots are small, but they increase in size and redness with great rapidity. The increase of cough does not signify much, but the increase of the *angina* is a far more serious matter, being

both troublesome and painful. This is easily intelligible, the *angina* being nothing less than the *internal scarlatina inflammation* (*halsscharlach Entzündung*). The fever also continues with the eruption, often becoming *very*, nay, *excessively* intense. It is only in *very mild* cases, that the fever subsides to comparative insignificance, as the eruption on the skin commences. In higher stages of the malady, inflammatory affections of the brain take place; the first symptom of which is a wandering or delirious talk, when the patient is in a half-comatose condition. Sometimes also an inflammatory irritation of the abdominal intestines is present, which is mostly of a very painful nature. The *exanthema* (eruption), which is analogous to that of erysipelas (*Rothlauf*), is extremely superficial, and has a great tendency to disappear, *i.e.*, to become transposed upon *internal* organs. This stadium usually lasts until about the fifth or sixth day, seldom till the seventh or eighth.

The period of drying off, or rather *peeling* off, of the skin, commences nearly always on the sixth or seventh day (very seldom later) after the outbreak. If the attack has been a severe one, the skin will peel off in larger pieces than when of less severity; and this is in many respects an indication of how severe it has been. In the internal portions of the throat, too, the patient will suffer from the same peeling off of the skin after *intense angina*.

This peeling or scaling off of the skin continues for several days; in some instances it recurs two or three times.

The fever usually subsides entirely, if the crisis be complete, through the urine and other secretions. The continuance of the fever should always be regarded with suspicion, as an indication of metastasis. In the case of a continuance of the fever, even when in a very modified form, the bowels and kidneys must be acted upon without delay. We must act upon the bowels by enemas, upon the kidneys (and bladder) by drinking a good deal of either lukewarm milk and water, or toast and water; but all beverages must be taken *warm* (no lemonade or fruit-juice). When this period sets in, one or two easy evacuations should be encouraged daily. For the fourteen or eighteen days that follow, all attention should be paid to the risk of catching a *cold*; and such a contingency should be especially guarded against, because during this stage of the malady, complications are *very easily* induced, which may result in extremely grave consequences. The chief quality of the cure itself must be *thoroughly antiphlogistic* (non-heating); but *externally* the patient should be kept moderately warm, remaining for that purpose in bed from three to six weeks, according to the season of the year, in order to avert *metastases* that may happen. By steady and attentive observation directed to the possible generation of internal inflammation, particularly in the brain, so that the symptoms may be recognised as they appear at the *commencement*, and by regulating, or adjusting the treatment accordingly, grave consequences, as well as dangers, can be avoided.

Here again I feel constrained to recommend strongly

a homœopathic specific, *belladonna*, as being the most *effective* remedy in scarlet fever; at any rate I am fully convinced of its efficacy. As soon as we are *certain* of the presence of *scarlet fever*, which will be recognised by the indications given above, we should not delay in *at once* administering *belladonna*, two or three globules, dry upon the tongue; then dissolving four globules No. 12 (no higher number), in half a tumbler of *pure, good*, filtered water (or *aqua distillata*), by pouring it from one glass into another until they are quite dissolved. If the symptoms set in with *great vehemence*, we should administer one small teaspoonful every half hour; but, if not very severe, or if there is a decrease in the severity, one small teaspoonful should be given every *hour* only. This dose should be continued until the day of the complete outbreak; and *during* the illness, one teaspoonful every *three* hours.

The patient, who has, as a rule, no appetite, must *not be permitted to eat anything substantial*. *Nothing*, NOTHING should be allowed him but milk or lukewarm milk and water, to satiate his thirst, but *no lemonade* or *fruit syrup* in water; *nothing*, I repeat, but milk, toast and water, or barley water, but *without* anything mixed therewith, not even sugar. If we *do not* follow these strict rules, we shall be acting more than imprudently, and must be prepared for complications and relapses.

Scientific men are not yet quite agreed as to the *cause* or *origin* of scarlet fever. Some, and in fact the greater number, assert that *scarlatina* is a *peculiar atmospheric contagion*, which, nevertheless, may be transferred from one person to another. According to

this assertion, the infection may have a twofold origin, i.e., either atmospheric or personal.

The action of this contagium has this peculiarity, that it *especially* affects the *throat* and *skin*, and in both, creates an inflammatory condition analogous to erysipelas and quite as superficial. It is also assumed that this inflammation easily implants itself in the brain, and that, in particular, the activity of the absorptive system is also *debilitated*. Hence until the termination of the illness, there is a continual tendency to the generation of *watery or serous extravasations*, which subsequently turn to dropsy.

Others declare scarlet fever to be a simple blood-poisoning, the result, viz., of the constant inhalations of impure air ; the habit of drinking impure water, either in its natural state, or in *tea*, beer, &c. ; the drinking of infected milk consequent upon the poisoning of the cow, to which the owners permitted stagnant, or *sewage-tainted* water to be given, or from *bad, impure air*, in stables which were much too small for the number of the cattle, and without proper ventilation, &c. ; and of uncleanness and neglect of attention to the skin ; in short, that *scarlet fever* is a *daughter of civilisation*, and a consequence of life in large towns and cities. Of course when we consider that this malady was not known—in Europe at least—before the seventeenth century ; that it first appeared *in towns* as an epidemic, and could in its course be traced thence ; that it always broke out just *in such portions of the states and districts* as were *thickly populated*, and there raged most fiercely, one is apt to hesitate *which* of the two theories is the true one. Perhaps there is *reason in both*.

But should a complication set in, with secondary fever, and renewed outbreak of scarlatina, combined with an excessively dry heat, deep scarlet colour, and return of the very ACCELERATED PULSE, we should not hesitate to administer internally *chloral water*¹ (*acidum muriaticum*), from which I have seen excellent results ;

¹ It must be remembered that, if properly treated at first, the illness never reaches this stage, but I place before you the *only* remedy that will in such a desperate crisis be of any avail. *Under no other circumstances*

every two to three hours one tablespoonful in a tumbler of water, with one teaspoonful of raspberry juice.

Should the inflammatory condition increase and spread notwithstanding, the *occiput and temples* may be cooled by RAPIDLY bathing them with COOL, not COLD water, which may be renewed every *one*, or two, or three hours, according to circumstances; *but this is only in case of excessively parched and burning skin and great fulness of the head.*

But if in individual cases—and thank God it is very seldom these occur—the brain would become affected from the intensity of the fever, with *delirium* and *sopor*, *cold*, even icy, fomentations applied to the head, as well as the frequent pouring of cold water over it, will be found of great service. If the patient survive one of these really severe complications, and a period of quiet calm sets in, characterised by the absence of *pain* and *fever*, our whole attention must be directed to the possible *consequences*, and everything be done to avert the probable generation of *dropsy*. The careful nursing of the *patient IN BED*, is, during this period, of the utmost importance. We may assume that, as a rule, the patient should keep his chamber, if in the summer, for four weeks at least; if in the winter, for six or seven weeks from the commencement of this period, *i.e.*, the complication or relapse. There should be a careful avoidance of all chills, &c. If, however, dropsical swellings should begin to

would I even *think* of advising the administration of chloral water; *here* it may save life, and the patient will be, of course, an invalid for some time, nothing tending to lower the constitution so much as a relapse of this nature.

show themselves, it will be imperative to act, without delay, upon the organs of absorption and secretion, particularly the intestines and kidneys, by copious drinking, by enemas of oil and water, and especially and *principally*, by the application of slight pressures and *frictions*, in order to effect absorption upon those parts which are already swollen, as well as upon those showing an *indication* of becoming so.

It is a formidable fact that no illness has such a tendency to assume an epidemic form as scarlet fever. Hence it is a sacred duty for those in charge of the patient in a case of this kind to use all means in their power to prevent such a calamity; as for example, *not to permit the linen of the patient to be washed, ironed, &c., along with that of healthy persons*, which is unfortunately too often carelessly done.

If one of the members of a large family is attacked with *scarlet fever*, the *best precautionary* measure is to give at once *belladonna* (No. 12 globul.), in homœopathic form, to *each* of the other members: *two* globules dry upon the tongue in the morning *fasting*, and *two* last thing before retiring at night. Of course, sleeping in the same room with the patient is out of the question. This will certainly not entirely *prevent* the malady from attacking the others, *particularly* if they are children; but the malignant character of the attack will certainly be diminished in a marked degree, as well as the inclination to *metastasis*.¹

¹ Of course, every one is perfectly free to act as he thinks best. I, for my part, consider it a sacred duty to make this known; for not only is it

It is next to impossible to treat of *all* the varieties and gradations of this disease *singly* and *separately*, notwithstanding the undoubted desirability and utility of doing so, for it is just in this department of skin diseases that the *greatest errors* in treatment are committed to this hour. I have often been amazed and astounded at the assurance and levity with which serious diseases such as these are taken in hand and prescribed for. With what sublime dignity and composure the harmless, confiding patient is remorselessly conducted to the paths of incurability.

It would, therefore, be an unspeakable satisfaction to me if any observations of mine should contribute to convince others of the fearful consequences to the system of the *suppression of skin diseases*, and persuade them that disease in general, acute as well as chronic, CANNOT BE SWIFTLY CURED; and that it is infinitely better to *localise a chronic skin disease* than to suppress it, *i.e.*, to confine it throughout rigidly to the spot on which it made its first appearance, AND THUS TO PREVENT THE TRANSPOSITION OF THE DISORDER TO AN INTERNAL VITAL ORGAN, NAY, TO RENDER THIS IMPOSSIBLE.

In all skin disorders one thing must ever be kept in mind, *viz.*, that every *eruption*—abscess, ulceration, &c. —*is but a striving or effort on the part of nature to expel through the pores of the skin foreign, abnormal, or impure*

the result of many years' experience and observations, but in the midst of an epidemic of scarlet fever, which carried off hundreds of victims, my five beloved children were, by the simple treatment above referred to, *all* spared to me, and so that not a vestige of the disease remained in one of them.

matter, which develops with greater or less intensity, and forms a source of irritation from which nature seeks to free the body. The normal activity and harmony of the functions¹ appointed by nature for the maintenance of health are alone adequate to prevent the generation and development of abnormal matter, or the germs of disease (*Krankheits-Stoff*). And here, to every one who does not shirk the trouble of thinking on this subject, the question will present itself, *What is it, what agents are those* which will maintain the body in this normal condition, as well as prevent the generation of impure matter? The answer is a very easy one. *Lead a simple, abstemious life, and so you will retain your powers of assimilation and secretion, as well as the original instinctive activity and harmonious equipoise of all the organic functions.*

From what has been just said, it may be readily perceived what virtue Ling's Curative Movements possess to restore a disturbance in the equilibrium of the bodily functions. But the reader will ask, *Is not a good walk every day*, or a long ride on horseback, *sufficient* to keep the body in perfect health? I answer, No, certainly not. For, setting aside the fact that walking is a thoroughly *perpendicular* movement, and that it calls into play ever and again one and the same group of muscles, there is the further objection that all power of *control* is wanting. A person, for example, gifted with a healthy but not robust constitution commences a walk. Sup-

¹ *i.e.*, The circulation of the blood and juices, the activity of the lungs, the heart, and the kidneys, the digestive powers of the stomach, &c.

posing him to be twenty-four years old, he will soon walk too quickly, if walking alone, and so exercise the lungs too actively; if walking with others, he will speak, and the same result will ensue. Supposing him, however, to be over sixty years of age, though the result may be the very opposite, the *spine* will become pained, the *sacrum* weakened, and walking will be almost impossible. He will return home *weakened*, not *strengthened*; nervously excited, but nevertheless languid; and sleepy, but unable to sleep. Of course we do not mean to say that walking is objectionable—quite the *contrary*; but we must not expect it to effect a regulation of the *circulation*, any healing, or a cure of congestion. Suppose you are suffering from congestion in the head, or simple congestion, or faulty circulation of the *liver*, *lungs*, &c., be sure that walking will of itself produce no relief, still less cure, while under a few of Ling's Curative Movements these troubles will soon disappear. It is the same with riding. Let every one ride who is gifted with a strong spine, brain, kidneys, and legs, and especially healthy lungs; but to imagine that by riding any disorder whatever can be *cured*, or even alleviated, is a pure and simple mistake. And what are the maladies for the cure of which the faculty recommend riding? Hæmorrhoidal disorders; and why? That by the movement and trotting of the horse a certain degree of activity may be imparted. *So that it too is a kind of movement cure; but it is without control, without basis of anatomical or physiological knowledge; the only control here being the temperament of the horse, the only*

basis the wisdom of the adviser. Now if Ling's Movements be applied for the cure, a simple *percussion*, *carefully administered* on the *rectum*, with a small wooden hammer *specially adapted* for that purpose, combined with four other movements, will secure to perfection the *desired end*, which the medicine and the riding are supposed to effect. That in *psoraic scrofulous* cases, or in cases of a *leprous character*, the sole rational *hope of improvement* lies in the application of *Ling's Rational Movement System*, I shall *prove clearly and logically* further on, when I come to discuss these maladies and their treatment.

I have not entered into the discussion of the many skin diseases of a less dangerous character, as *white and red rash* (*weisser und rother Friesel*), nettlerash, and other eruptions of a more or less superficial character, for this reason, among others, that they occur far less frequently in the present century than in the preceding, owing to the almost general adoption of a cooler treatment in all fever maladies, the banishment of feather beds, the purification of the air in the sick-chamber (*not by chloride of lime, &c., BUT by opening the windows every two or three hours, after having placed the patient out of draught and covered him warmly in bed, provided he is not at the time in active perspiration*), strict cleanliness, antiphlogistic diet, &c.

The commencement of every skin disease of a chronic nature is characterised by the appearance of *spots* (*herpes*), after a space of twitching and irritation, by the appear-

ance of groups of minute pustules on red ground, sometimes only on one, sometimes on several portions of the body at the same time. These spots are usually small and defined, but in some instances they go on increasing in circumference, sometimes covering whole groups of muscles. The parts of the skin affected are frequently plagued with an irritable itching; and, after scratching or rubbing the spots, a severe heat and burning sensation is experienced, which is often attended with much pain. These, after the rubbing or scratching, remain either perfectly dry, with a continual scaling off of the skin—now in larger portions, now in a form resembling fine flour—or they exhale moisture, which by-and-by forms into a crust and develops into ulceration, which, with severe and painful itching, spreads further and deeper. From this, finally, the *herpetic wound* is created, which is distinguished from other ulcers by the foul and imperfect suppuration of a sharp, watery serum, and the callous thickening of the surrounding membrane. The malady is without fever, and in no way infectious. It may assume a variety of forms; nay, when of long duration, or if treated falsely, it may assume a leprous character; but with a simple and abstemious diet, fresh air, great cleanliness, and living a natural life, whereby the *blood, juices*, and general vitality will be improved, this will be quite impossible.¹

¹ This disease is of precisely the same character as that of leprosy, still to be found in the East; but, of course, owing to the entire difference of climate, manner of living, diet, habits, &c., its symptoms among us are of an altogether milder nature. As we are discussing the subject of

Various phases of this disease, of more or less severity, show themselves during a lengthened course of the illness; but they always remain *varieties* of the same disorder, which are determined by the *individuality* of the patient alone.

The *duration* of the distemper is extremely variable, usually continuing for months, often years, particularly when the patient persists in an unsuitable diet; nay, there are cases in which it is of life-long continuance.

Herpes is one of the most tedious and stubborn of diseases. It certainly is not attended with any danger, except when greatly neglected, or, as often happens, through *improper treatment*; such as strong doses of *sulphur*, for example, or *mercurial remedies*, or that fearful compound *decoct. Zittmani*.

Of course, by the use of these prescriptions, you will probably soon see the *unpleasant spots* disappear. The sores will dry up, and the scab or crust will fall off, but *cured* you are *not*!¹ No, on the contrary, you will

elephantiasis, I consider it a duty to draw the reader's attention to a book which fell into my hands some time since. In it I found a most vivid and pathetic description of a visit to the village Liwochari (Mitylene), a place of banishment for lepers. It was the first time that this very interesting subject had, to my knowledge, been touched upon, professionally or otherwise. The title of the work is "Turkey, by the Roving Englishman" (Routledge & Son, London). The whole is written with such keen insight, intelligence, and humour, that I confess when I read it I felt an irrepressible desire to greet the unknown author with a hearty shake of the hand.

¹ Look at your countenance in the mirror after having been subjected to a forced cure of this kind; at the condition of your tongue, which is usually indicative of the state of your stomach; note the odour of the breath and perspiration; the manner in which your hair falls off, and its decayed condition; consider your physical strength, &c., and you will be forced to admit that the so-called *cure* of the malady is far worse than the malady itself.

have been made *incurable*. In the most fortunate case, the old evil will appear upon the skin, exaggerated in another, *i.e.*, leprous form. In the worst case, however, the disease will be transplanted upon an internal vital organ, as the *stomach, lungs, spleen, kidneys, liver, &c.*, and thus give rise to other far graver diseases, which, if they do not at once end fatally, are the source of such a lingering amount of suffering that the doubt may often arise, whether death would not be better? Of course these grave maladies, such as *tabes, hectica, ulceration of the stomach or colon, tubercles of the lungs, &c.*, are pronounced by the orthodox physician to be entirely *independent* maladies, in no way connected with the eruptions on the skin that have been so successfully got rid of; in fact, the idea of such a connection is never thought or even dreamt of. The illness, indeed, is treated irrespectively of such connection altogether, and is not only not cured, it is even intensified. It is an old but melancholy adage that we never value our health *until* we have lost it. And, it is painfully sad to see how *impossible* it is for some people to learn to lead a hygienic and sensible life, and how until their own debilitated condition, and total physical exhaustion, render it *impossible* for them to do so, they will persevere in their unnatural and fatally suicidal course of living.

I know and feel that I shall not convert these individuals, and that *only experience* will some day bring them to perceive their error. Happy he who, after having passed through the various artificial treatments,

has still sufficient vitality remaining to tread the simple path of cure prescribed by nature.

The primary causes of *herpes* are, a peculiar abnormal state and dissolution of the organisation of the skin, mostly produced by the constant consumption of improper food, *i.e.*, food of a *salt, sour, fatty* nature, and also of alcoholic liquors; want of cleanliness, and breathing of impure air, but *particularly* insufficient exercise, whereby the processes of assimilation and secretion become disturbed; from which, after long indulgence in such habits, a general *dyscrasia*, psoraic sharpness (*Fleckenschärfe*), is developed, but, as already stated, it is never contagious. In addition to the above specified primary causes, hereditary predisposition is one of the most frequent sources of psoraic diseases. It often affects whole families through generations. Other causes are *glandular* disorders (*scrofulosis*); *chronically suppressed action of the skin*, &c.; damp dwelling-houses. Liver disease, when developing acrid bilious matter, is also a common source of disposition to skin disease, particularly *herpes*; also *hæmorrhoidal disorders*, &c.

And here we might ask our readers, whether it does not occur to them that the greater number of the diseases, which we have considered together, proceed originally from a more or less *weakened, spoiled, or poisoned* state of the blood, combined with faulty, sluggish circulation, due to over-refined mode of living, the quality of our food and beverages, our distorted opinions regarding the time to sleep and to wake, and our unsuitable, totally unæsthetic manner of clothing our body as well as our hands and

feet? And is not the conclusion inevitable, that the cure and alleviation of diseases which have been caused by an unnatural diet and manner of living, can only be affected, *not by medicine*, but by an alteration in that diet and manner of living itself?

Is it conceivable that disorders which have already been the cause of so much morbid weakness, especially of the stomach (*owing to deviation from natural laws just referred to*), is it conceivable, I ask, that such a shattered state of health can be *improved* or restored through the action of *chemical remedies*, brought to bear on the system by the sole power of a stomach already unfit for its work? Is it not contrary to every dictate of *common sense* to dose a patient with a quantity of medicine, powders or pills, lay him comfortably on a couch or bed, and then expect with confidence that this will cure him? I know no other medicine which is so extensively used in the process of suppression as *quinine*, the medicine of all others which is so much praised by the African explorers.

“*What should we do without quinine?*” exclaims Sir Samuel Baker, the well-known traveller. “*Without quinine pills I should never get on,*” said the late illustrious Dr. Livingstone; and nevertheless, I emphatically insist that by it the disease is only *suppressed*, *not cured*,—NO, NEVER!

I speak from my own experience. After the repeated use of quinine, and ever-recurring attacks of fever, we shall soon begin to feel, if typhus has not set in before, a certain deafness, and also a strange pressure and sensation in the *left* side under the ribs. The deafness does not abate, but increases, the pain in the side becomes more and more unbearable. We consult a doctor, who, of course, gives a prescription, *every two hours a tablespoonful*,

iron or *steel* perhaps. After the first few spoonfuls we feel better, and the pain in the side is lessened, no doubt; but the sensation of deafness is present to an equally intense degree, only the *character* has changed. You say to yourself, that is a great deal; the permanent singing and buzzing in the ears is not pleasant, certainly, but it is a kind of change, a sort of *crisis* perhaps; at least so you imagine. Thus some weeks pass; the pain is sometimes apparently lessened, sometimes increased, but it never entirely ceases. One morning, however, you awake with a curious tickling sensation in the left leg, and are astonished to see that the skin is quite red. In reply to your question about it, the doctor answers: "It is nothing; these are *heat-blisters*; I will send you something to rub upon it." The eruption, which was about to develop itself, disappears; and you feel much relieved. But the singing in the ears does *not* cease, and the deafness comes and goes, and is particularly aggravated by cold wet weather. "You require change of air," says the doctor. "You must go to Carlsbad in Bohemia for a month or so." You set off to Carlsbad. After four or five days, you are perfectly delighted; the pain in the side is but trifling; even the deafness and singing in the ears are *greatly* lessened. True, you feel a certain languor, a kind of weakness, anything but pleasant for a young man; but how can it be otherwise? The mineral water tries every constitution, and its action is rather strong.

After a fortnight you arrive at the conclusion that the Carlsbad waters would kill you if you continued to take them for another fortnight.

Without further questioning of the doctor you return home. You feel altogether "*queer*," to use a vulgar phrase. The deafness is at times very tiresome; you are told it is neuralgia. The pain in the left side varies also; sometimes it is now felt in the *right* side also. The *heat-blisters* also begin to cause you uneasiness, in spite of the brown tincture with which you pencilled them on their first appearance.

With no little misgiving, you look at your tongue in the glass, which, by-the-by, you never thought of before.

"I look very yellow at times," you say to yourself, "particularly just after rising in the morning." I must tell you you have

left the condition of *positive health*, and have gone over to that of *negative health*.

What you *really* and *literally* are suffering from, is SUPPRESSED LOW FEVER, and SUPPRESSED PSORAIC DISEASE, the first *acquired*, the other *inherited*. Both are still present, and continue to act in the body. Added to this your use of quinine has considerably weakened your digestive powers; yes, I say weakened; *Peruvian bark* never yet *really* strengthened anybody. The internal action of bark resembles that of champagne; it easily stimulates and quickens the circulation of the blood as long as the compressed air retains its effect; but then comes the *reaction*: the *phlegma*, *i.e.*, of the champagne, remains in the stomach, generates *gas* and *acidity*, as well as headache. Notwithstanding, you are not positively ill, and your medical man does not seem to know the reason of your present ailment, which is the fate of many. You have the idea that it ought to be *otherwise*, that you should be *better* in fact. In vain he makes long explanations to you full of learning; you do not believe him, but nevertheless, continue to take one medicine after another, by which your whole condition is aggravated, even your *negative health*, that kind of health which only exists with closed windows, a kind of hothouse health it might be termed, under which we have ever and anon anxiously to ask *from what quarter the wind blows*, which you always guard against with flannel wraps, &c.

Even this negative health begins to totter. I am sure that you would not take the medicines if you only knew of something better. But, good heavens! look around you! God's beautiful and bountiful nature surrounds you! *Prejudice*, *indolence*, and *habit* have drawn a magic circle around you, the confines of which you dare not pass. Your mode of living has weakened your circulation; you feel languid, disinclined, sleepy. Bodily exercise with a cold bath beforehand, or at least cold spongings over the whole body, would soon have banished the evil. Instead of which you send for your medical man, who explains your malady to you; a malady which you have never had, but which you will, with the help of the medicines, soon come to have. Your doctor is a perfectly honourable man, but from the symptoms as you have confided them to him, and which he of course believes, and *must*

believe, he drugs you with the very best intention indeed, while he prepares your body for *chronic diseases*.

How seldom, for instance, do we drink *good, pure water*, and *good, pure milk*, two of the best and most healthy beverages? How infinitely more wholesomely the lower classes of Russia live, among whom intemperance is far less common than among the upper classes there! Warm milk is the principal beverage for workmen the whole week through; this they drink to their meals, which consists of fat meat and kapusta, a preparation of cabbage (*Sauerkraut*).

The only rational specific for the alleviation and final cure of *herpes* is the use of not too cold pure water, and the breathing of wholesome dry air, together with increased activity of the kidneys and intestines, which will be secured by a liberal allowance of a non-heating beverage. This is indispensable for the object aimed at. The general temperature should be that of the blood—not hot, not quite cold, *i.e.*, as regards clothing and bedding, and the heat of the room, &c. Exercise, discreetly indulged in, is imperatively necessary; nothing acts so unfavourably as a sluggish circulation. For *local external* remedies, I have applied cold water upon lint, with a linen bandage wound round it, with really admirable results; but systematically proscribed metallic remedies, such as zinc, lead, &c., which only suppress the malady. Also lukewarm soap-baths (the soap without soda) have an excellent curative effect. But before everything, a *mild*, abstemious, not too rich, diet, must be observed, and all *sharp, acrid*, heating articles of food and drink rigidly avoided. In cases of open ulcers of a stubborn and painful nature, I have added

with benefit a few drops of good and purely-prepared *wood acid* to the water in the treatment above described.

In cases of inflammatory, excessively painful psoraic eruptions, particularly in the face, I have found *nothing* which was attended with such ameliorating and soothing effects, as the application of a fine piece of *linen* of pure quality saturated with fresh, cold water, renewed every hour or half hour; also the continually-renewed application of freshly-pressed leaves of the *Beta alba*, or *Plantago*, the juice of which is one of the most excellent remedies, *curative*, *soothing*, and HARMLESS. The application, in like manner, of fresh cream is also to be recommended.

Elephantiasis is an evil which is often generated solely by living in damp climates and also damp dwelling-houses. Notwithstanding that it belongs to the class of *herpes* or *herpetic diseases*, it partakes also of the character of *lepra*, and may be regarded as representing a transition-stage from *herpes* to *lepra*. In elephantiasis we find symptoms of both these diseases intermingled; and the greater or less virulence and obstinacy of the disease is due purely to the constitution. Certain it is that it is more difficult to cure in an individual possessing a lymphatic constitution, than in one of nervous temperament.

With nervous patients, the cure of this disease is materially assisted by the drinking of *whey*, from one to four glassfuls daily, fasting; viz., one tumblerful the first three days, two tumblerfuls the next three days, and so

on, until the four tumblerfuls are reached ; decreasing the quantity in inverse order. It is scarcely necessary to add that the *whey* must be perfectly fresh, and that a good deal of walking in the fresh air is *a most important* and indeed indispensable condition of cure. This must, however, only be indulged in from the month of May to the middle of September, and commenced at six o'clock A.M. *at the latest*.

The first appearance of *elephantiasis* is distinguished, more or less, by the presence of large white spots on one or both legs, with continual scaling off of the skin, which after a time becomes thickened and hard,—until it becomes covered with a coarse rugged kind of crust, which in several places forms open wounds or sores, which discharge an offensive watery matter. The malady is an extremely tedious one, but certainly *not* dangerous, if not transposed on internal organs by being *suppressed* through medicaments.

I know of two instances in which, during a *crisis* in the course of a severe attack of chronic gout, symptoms of *elephantiasis* appeared, and continued to develop themselves, those of gout, however, entirely disappearing, not temporarily, but permanently.

The patient in one of these cases is now in his eighty-third year, notwithstanding the *elephantiasis*, which with *gout* would never have been the case. I must also not omit to add that, in a case of *very severe* rheumatism, in which there was threatening of paralysis, on the appearance of this skin disease, the symptoms of rheumatism gradually disappeared entirely.

In the event of a threatened visitation of skin disease, we should

1st. Observe *strict cleanliness*, and adopt a *mild diet*, neither *sharp*, *saline*, *acrid*, nor *heating*.

2d. Breathe only *pure* dry air.

3d. Take plenty of muscular bodily exercise.

4th. Have patience, and never try to force or accelerate a cure, *i.e.*, use NO drugs, either *internally* or *externally*, nothing but water, with, as recommended above, some drops of acid of wood (pure) in it, to prevent putrefaction, should there be any tendency that way.

Whilst we are discussing skin disorders I must not forget to mention Erythema—redness or heat of the skin. The symptoms are, *red spots*, *minute pimples*, or *tiny suppurating blisters*, which disappear in the course of a day or two. They appear mostly in the face, and are attended with much irritation. It is a very superficial skin disorder, which is particularly troublesome, and is very common among young women. The evil originates in *plethora*—plethoric congestion to the head—often produced by tight lacing and constipation. The *cure* consists, therefore, in diminishing the plethora by the adoption of a less rich or a vegetable diet; avoidance of all heating drinks, as wine, beer, coffee, &c., drinking a good deal of pure water, a liberal allowance of stewed fruit, purification of the *primæ viæ* (intestines) by one or two enemata.

The radical source of all skin diseases we must assume to lie in the faulty quality of the juices. It is this

which disturbs or interferes with the processes of nutrition and reproduction.

The purity, *i.e.*, the normal state, of the juices depends upon the quality of that which is taken into the system, *i.e.*, the nutriment, solids as well as fluids; and further, and principally, upon the power of assimilation (*Verarbeitung*), the *chymification* and *chylicification*,¹ as also upon the proper and necessary secretion of *that* which is used up and decayed, and which has thus become foreign and harmful (*dyscrasia*).

Impurity and acidity of the juices may, therefore, arise from—

1st. Imperfect nutrition in the *solids* and *liquids*, due to the *quality* no less than quantity used. To take too much food is an error no less than to take too little. Excess in eating, *i.e.*, *overloading* the stomach with food, causes the digestive and assimilating functions to be overpowered and enfeebled; and that which cannot be entirely assimilated generates *acids*, from which necessarily arises a morbid and heterogeneous quality of the juices. Insufficiency of food, either because there is too little of it, or it is not good, or the stomach is not accustomed to it, creates *dyscrasy*, for the system requires that the nutriment should not be imperfect; when it is, there is debility.

2d. From the *quality* of the diet; for example, from *heavy, fat, farinaceous*, in fact, *indigestible* nourishment;

¹ The term given to the various stages through which the nutriment passes in its conversion to blood.

or from *excitant, heating, sharp, spiced, saline, or spoiled or decayed food, solid or fluid.*

3d. *Impurities (dyscrasia)* also arise from the nature of the air taken into the system, in two different ways: from a deficiency of oxygen, *i.e., used-up, confined, animalised air*; or from the impregnation of the air with hurtful odours, as rich, *sweetly-scented incense or fumes, musk, jessamine, &c.*

4th. The temperature is also a source of the generation of abnormities in the juices, excess as well as deficiency being hurtful. *Too much* warmth in dress, in bed-clothes, in rooms, creates an internal feverishness, a susceptibility to cold and rheumatism; *too little* causes gout, paralysis, bronchitis, congestion of the lungs.

5th. Irritant poisons are another cause. I allude to the slow chronic poisoning caused by medicaments such as *quicksilver, lead, steel, zinc, arsenic, iodine, mercury, belladonna, aconite, &c.*; as also *miasma* and *contagion*, especially the *psoraic* and *syphilitic*.

6th. *Dirt and uncleanness* are often the unknown causes of dyscrasia, particularly, I am sorry to say, amongst the lower classes, nay, sometimes in whole communities, as the Chinese, for example.

7th. Weakened, faulty digestion, dyspepsia, and *imperfect* digestion, produce an excess of mucus or phlegm and acidity, and thus unhealthy, slimy, sharp, and watery blood.

8th. A *faulty or weakened chyfication*¹ has also the effect of producing dyscrasia; and the inactivity of the

¹ Chyle, the milky-like fluid from which the blood is formed.

intestinal glands creates *chyle* of an inferior quality, and consequently *faulty juice*.

9th. We also add to this the activity of the whole *lymph-system*, as by it all which is introduced into the body (in the shape of food, drink, air, pure or impure) is conveyed to the blood; and in *this manner* the *scrofulous dyscrasia* is generated, the original seat of which lies, *without doubt*, in the lymphatic system. No less shall we find the original source of *arthritic* (gouty) *dyscrasia*, as well as its development and growth, referable *exclusively* to the *faulty* and imperfect condition of the *digestion* and *chyliification*.

The formation of the *chyle* and *lymph* into *healthy, normally vivified, and well-organised* blood is prevented by *general debility*, want of suitable *exercise*—that is, exercise suited to the physical capabilities of the individual, and principally that upon which the *greater or less activity of the lungs*, RESPIRATORY ORGANS, as well as the proper action of the *heart*, depend; also by unregulated and faulty *secretion* and *excretion*, that is, *expulsion*, of *used, spoiled matter* from the system. This last is one of the first conditions necessary to the formation and maintenance of *good, pure* blood; for any defect or irregularity in these secretions and excretions is the fertile source of *dyscrasia* of the most varied kinds. For the means of restoring these functions to their normal condition and harmonious action, I am *compelled* to refer the reader again to *Ling's Curative System*, as, when combined with the use of water, the most efficient remedy known to me.

Dyscrasia of this kind is acquired in two ways—

1st. From disturbance or suppression of the *secretion*, in consequence of which the offensive and injurious matter which nature intended to be expelled remains in the system. This is principally due to checking the activity of the skin, particularly the *insensible perspiration*; and this is, in turn, due to *cold, damp, uncleanness*, and especially *want* of sufficient *exercise*.

The suppression of the natural activity of the liver is productive of similarly harmful results, since it is one of the most important *organs* for the purification of the blood, and is *especially necessary* for the secretion of carbon from the system.

2d. The abnormal state of the action of the kidneys (*dyscrasia urinosa*), visible in *deficiency* or *excess* of urine, often accompanied by pain in the back, &c., languor, and at times a painful numbness in the legs.

The purification of the juices is effected through the general promotion of *all* secretions, in fact, by a treatment conducive to the purification of the blood; the principal remedy, and the foundation of all remedies, being *water*. Drinking plenty of pure water and bathing are often of themselves adequate to the cure of the most *stubborn* cases of *dyscrasia*, as I have by experience frequently proved, particularly in the case of young people. Combined with this use of water, exercise is indispensable, *i.e.*, such as will act upon the powers of the circulation and reproduction; as also *milk* particularly in the morning, fasting; liberal vegetable diet, especially *roots*, as carrots, &c. The juice of pressed

carrots, with a trifle of sugar, is also *extremely good*. Meat should only be partaken of once during the day, at the mid-day meal, and then boiled and *tender*, with not much fat; if the patient be over forty-five years, no *beef*, which is always difficult to masticate and digest.¹

Renewal of the juices, *i.e.*, improvement of the matter itself, is effected through muscular activity, the introduction of healthy and pure aliments, &c., into the system, and the generation thereby of new and better blood. And experience has taught me that this regenerative process is not, as some imagine, an idle fancy, but a real ascertained fact. In several instances of chronic scrofula and *herpetic* skin diseases, *pure dry air, milk, exercise, water, good pure wheaten bread*, not too new, *with simple diet*, have insured the result in question, even in the case of people advanced in life; and they are the only remedies that can have this effect.

For young persons under thirty, the greatest simplicity and abstemiousness in diet and manner of life are essential towards restoration of the humours to a healthy condition; for rich nourishment, especially in too great quantity, causes the superabundant generation of juice or lymph, and this must, under all circumstances, be prevented, if the patient is to be benefited and finally cured.

As my reader will perhaps by this time remark, and, as if injured, mayhap complain, that I am always prescribing the same remedies—*water, milk, bread, vegetables, exercise, &c.*—may I be permitted to remind him

¹ We are here speaking of the regeneration of the juices.

that it is not from milk, water, vegetable diet, or exercise that any illness or complaint has ever sprung; that few or none ever think of resorting to natural methods of cure when the organic functions become deranged, and disease begins to invade the system; and that in all probability they would at that time only smile at the suggestion of so simple a recipe, as if that could heal, though I must confess there is ground for this distrust, seeing they are promised a quick and radical cure by other means. I say *promised* advisedly, for it is nothing more. By these means the disease has only been suppressed or transposed, and remains working in the system all the more deadly that it is in the dark. Nature in her beneficence seeks to bring about a *crisis* by expelling the morbid matter, but chemistry and physic come to the rescue, and her benign, healing process is violently checked.

But, indeed, it is with bodily health as it is with spiritual, and the cure of our bodies resembles the cure of our souls. Often and again led from the true way of life by vanity, wit, false philosophy, and pride of intellect, we *must* return to *Him, the All-helpful and All-good*. So when we have wandered from the paths of health prescribed for the body, and our physical system is become a prey to disease, we must, if we hope to recover, return resolutely to the grand simplicity of Nature, and quit every other refuge as illusory and vain.

CHAPTER XIII.

Glandular Debility (Scrofulosis).

I SHALL endeavour to describe this malady minutely, for it is of the utmost importance to understand its nature, particularly to parents, who have so much in their power to *prevent*, or *arrest* it, at least, during the early stages of its development.

The affection appears in two forms, viz., the germinal and the developed—germinal in the *disposition*, and developed in the process of the disease. Already in childhood the disposition may be recognised, and it is *then* that the malady may be most actively and effectually checked.

The first question to ask is, whether the parents have been affected with it, as, if so, there is a strong probability it may be inherited by the child. The local symptoms are, an unusual development of the head, particularly the back part; *short, thick neck, with rather sunken temples*; broad under-jaws; puffiness of the face, particularly the upper lip. Often the nose is swollen (a special symptom). Mostly fair hair, beautiful clear skin, with red cheeks, seldom pale; usually blue eyes and somewhat dilated pupils; the whole body stout and

well nourished, but the flesh is not firm, rather of a flabby, loose character; the abdomen large, and more distended than is the case with healthy children; frequent nose-bleeding, constant tendency to accumulation of mucus in the intestines, disposition to the generation of worms, nearly always a *cold* in the head, and the frequent discharge of mucus from the nose (*blennorrhœa*), also frequent expectoration of mucus from the lungs and throat; irregular stools, sometimes constipation, at others diarrhœa; mental precocity, and a quick, lively intellect, but irregularities in the development of the body, as in *teething*, *walking*, &c.

The most usual and surest symptoms of fully developed glandular disease are, glandular swellings and callosities. These swellings appear at first mostly on the neck round the lower jaw, and under the ear (salivary glands); their form varying from the size of a small pea to that of a small walnut, and sometimes resembling rows of small knots. They also form themselves in other glands of the body, as under the shoulders, in the soft parts about the knee pans, &c. At first they are soft, movable, and not at all painful, and may remain so for years; but, as a rule, they become larger, harder, and more susceptible, the skin above turning red, and having an inflamed appearance. In some instances, they burst, suppurate, and form sores. (See *herpetic sores*.) It is necessary to observe that there are two distinct varieties of glandular swellings, which are respectively of different origin—

1st. The *real glandular swellings* and knots, which are the immediate result of *glandular debility*.

2d. Those which by way of distinction are termed *unreal* or *false glandular swellings* or *knots*. These are usually observable in children from four to fourteen years of age, and are due to various causes. For example, they may arise purely from the process of growth, or they may arise from irritation caused by the presence of contagious matter, acting *secondarily* in an inflammatory or debilitating manner on the glandular system (as, *e.g.*, impurities remaining in the body after scarlatina, smallpox, measles). These glandular swellings or knots may be formed as well internally as externally. In the former case they, for the most part, occur in the *mesenterium* and *lungs*; also the *liver* and *spleen* are at times troubled with them.

Sufferers from glandular debility are subject to frequently recurring (*i.e.*, chronic) *local inflammation* in glandular parts, particularly in the eyes (a sure symptom of this debility), which shun the light, and the Meibomian glands of which secrete a gum-like matter. Even the frequent appearance of *styes* justifies us in forming a diagnosis to that effect.

Between the ages of four and fourteen, eruptions on the skin are also of frequent occurrence, and these are mostly of an herpetic character. The abdomen is nearly always distended and hard. There are also lymphatic swellings and callosities, glandular ulcers or abscesses, which are distinguished from other eruptions, by the fact of their scarcely causing any pain, being of an alto-

gether passive character, and having unclean surfaces, which do not suppurate good healthy pus, or matter, but a foul watery discharge, which affects the surrounding portions, the sores drying on one spot and breaking out upon another.

In some cases, though comparatively seldom, the bones become swollen, these grave symptoms being only possible when the unfortunate child has been poisoned by hereditary syphilitic or mercurial disease.

In this species of disease we may also include Cretinism, which affords us an example of the most fully developed scrofula, under the ravages of which even the intellect is laid waste.

I will not refer to all the disorders that arise from neglected or suppressed glandular disease, for in many instances the evil, though it appears in childhood, will disappear at or about the age of puberty. But should it *not* do so, it afflicts the subject of it usually all through life, and mingling with, increases the severity of, every other malady to which he may fall a prey. It is not seldom productive of symptomatic fever, and may also be the source of nervous complaints. To explain fully *how* such consequences as these may be guarded against, and the entire constitution radically improved, is the purpose of the following pages.

The period between the ages of twenty and fifty is usually the season of rest from glandular affections. The evil is then in a latent state, and if not aroused from its lethargy by spirituous liquors, improper diet, and other excesses, it will often show no signs of its pre-

sence. When this period expires the malady begins to reappear with renewed power and vigour; in the female usually about the *cessatio menstruorum*. New glandular disorders, swellings, and callosities will now arise, as well as local inflammations. The spring has a marked influence on the activity of this disease, all the symptoms being of a much more severe character.

Scrofula is a disorder of the lymphatic system and the lymph, and is due to a weakened, *i.e.*, faulty and irregular, activity of the lymph-system and its glands; to an abnormal secretion, and thence an imperfectly generated and prepared lymph, a lymph which has not been adequately assimilated and animalised. The effect of this abnormal process is an incomplete, apparently vigorous, but nevertheless *unhealthy nutrition*, from which at first deposits and accumulations of lymph naturally arise in the vessels, and, finally, the scrofulous acridity (*Scrophelschürfe*) is generated, that lymphatic acridity which always acts as an irritant, and causes local inflammation (of a passive character), and consequently *swellings, callosities, formation of tubercles, and suppuration in glandular portions*, and which may ultimately extend to other organs of the system, as the intestines, bones, &c.

As the lymphatic system is confessedly the system of development, scrofulous disorders, as dependent on derangement in it, are viewed by many as *only* attendant upon the growth of the organs, as only active when growth is going on, as diseases which distinctively begin and end with the process of development

of the organisation. But this is an *error*; for if this were the case, the disease, after having troubled the individual through all the early stages of development, as *growth, teething, period of puberty, &c.*, would then entirely disappear and relieve him of its presence. This it does *not* do, but it remains in the body, and is more or less active and troublesome, and, when we have least cause to expect it, it suddenly shows itself.

This malady, as before mentioned, is capable of assuming two distinctly different forms, the *external* and the *internal*. In the former case the disease mostly attacks the *external glands, lymphatic vessels, skin*, and the external surfaces in general; in the latter, it affects the internal glandular portions of the system, as the *mesenterium, lungs, brain, bones, &c.*, and *very little or no glandular swelling is perceptible*.

The cure of scrofula is slow, in most instances extremely so. There is but one way of curing it, and that is the *simple way of nature, by natural remedies and natural means*. I think we shall at last be agreed that scrofula is a purely *constitutional disease*; and if this cannot be denied, we shall also be forced to admit that the *sole and only* cure thereof consists in changing the constitution, *i.e.*, in altering and improving the whole tone. That such a cure will be both long and difficult, nobody pretends to deny, but it is the *only one*. The symptoms may be removed for a while by medicines, but the *disease remains*.

The most favourable time to commence a cure of this kind is in the spring. For just as the scrofula is most

active at this season, so then also the natural curative remedies act with most effect.

The principal specific for the radical cure of all *scrofulous disease*, whether of a simple nature and entirely without complication, or of long duration and full of complications, is the STRICT OBSERVANCE OF A REGULATED HEALTHY DIET. By this alone, combined with plenty of suitable bodily exercise, we may secure that which, in this instance, is of the first and utmost importance, viz., *improvement of the vegetal functions, improvement of the material condition of the juices, and improvement especially of the lymph*. In this, and this alone, rests the possibility of effecting a real and thorough cure, without any fear of evil consequences.

By a healthy diet, in this case, we must understand one that is *nourishing* and *easily digested*, and which will not tend to generate acidity. There* should be meat in moderate quantities, combined with vegetables, particularly *roots*, such as carrots, parsnips, and especially vegetable soups. The beverages should be principally pure water, milk, milk diluted with water, a glass or two of light beer; also egg-water, which is a very good beverage.¹

Untainted healthy dry air is indispensable in this cure. The best is land air, in a very dry neighbourhood. The patient should live as much as possible out of doors, indulging freely in bodily exercise. The sleeping chambers should be as airy as *possible*. Fur-

¹ The yokes of two eggs, three pounds of good pure water, a *trifle* of salt, and a bit of sugar, well beaten up together.

ther, there should be strict attention to cleanliness, the body linen, as well as bed linen, changed daily. Thorough *daily* ventilation of the *blankets, pillows, and mattresses*; *all feather beds to be put away*; sponging of the whole body, with cold or tepid water twice daily, morning after rising, in the evening before going to bed, drying and rubbing the body well with a towel, *particularly the spine, abdomen, and chest*; sleeping on mattresses stuffed with horse-hair, moss, chopped straw, or straw (either of the two last, if used, to be frequently renewed). It can scarcely be believed *how much* the cure will be promoted by the strict observance of these rules.

It will be found very beneficial to fumigate the linen shortly before using it, either with *succinum* (amber) or dried juniper berries sprinkled on hot coals. Also one or two steam vapour-baths a week, but taken in a sitting posture, and allowing the head to be free and the respiration unhindered.

In addition to the above, a tepid bath once a week is a good thing; the *bath alone* acts well, but its good effects will be enhanced by the addition of a quarter pound of soap, and a half pound of boiled *malt*.

Muscular exercise is as indispensable as the observance of suitable diet; and if circumstances do not admit of having the exercises regulated in accordance with Ling's System, the patient may *saw wood*, of course in an *upright* position, as before described (see page 45), first with the right hand for the action of the liver, then with the left for the action of the spleen, and in general to promote a freer, fuller action of the lungs and heart.

For breakfast a pure unadulterated cocoa is much to be recommended, as also *acorn coffee*. Should the patient not reside near a druggist, the acorns will nevertheless be easy to procure. Collect them from around the oak trees, just as they fall, dry them for one or two days in the sun, cut them in half; roast, grind, and prepare them just as you would coffee. Take the proportion of one large teaspoonful to a breakfast cup, and drink half a cup with half a cup of milk; the yoke of an egg may also be added; it is harmless and nourishing, with a moderate quantity of sugar to the whole.

Such, in sum, is the specific we have to offer; and if the patient only consents to adopt the above advice, he may firmly rely upon it, that the scrofulous acridity will slowly but *surely* diminish, until finally it will be wholly replaced by healthy blood and juices.

The continuance of this simple manner of living for three or four years has the power of restoring the constitution to its normal state, and of imparting to it fresh vital vigour; and it is the only remedy which is capable of producing the result.

The artificial treatment is certainly different. The principal remedies are, *mercury*, *sulphur*, *iodine*, *antimony*, *baryta muriatica*, &c. I refrain from giving an opinion; but would earnestly warn all parents against applying the pharmaceutical treatment to their children, especially those between the ages of four to fourteen. Should the adult patient, however, insist on a medical prescription, it were better, and not attended with danger, to try homœopathic remedies, viz., *mercurius*

corrosivus, No. 12 or 30; *sulphur*, 12 or 30; *baryta*, 12 or 30; or *iodine*, 12 or 30 (globules), according to the greater or less stubbornness of the case.

Of the glandular disorders, which originate in glandular debility, the *Goître* (*struma*) is perhaps one of the most troublesome. It is a swelling of the *glandula thyreodea* and of the surrounding membranous portions, and is mostly of scrofulous origin; but the disorder is most frequently found amongst the inhabitants of mountainous districts, who perhaps do not otherwise suffer from scrofula. Art has one sovereign remedy for this evil; a so-called infallible specific; it is *burnt sponge*. The remedy may be a good one; I am not acquainted with its curative properties in this respect; but of this I am certain, that to any one with chest-complaint, or more correctly speaking, a phthisical or asthmatical constitution, the employment of this *specific* may be attended with fatal results. There is really but one specific, and that is Ling's Curative Movements correctly applied.

Another malady connected with scrofulous weakness is that known by the name of rickets (*Rachitis*). This disorder, though almost exclusively confined to *childhood*, is sometimes met with in adults, and is then not unusually mistaken for, and treated as, *rheumatism* or *asthma*.

The first symptoms of this disorder in children are, a *slow and imperfect development of the powers of walking, and even standing*; enlargement or swelling of the joints of the knees, shoulders, hips, &c., but particularly at the root of the hand. In the further course of

this malady, the shin-bones become bent, particularly the *tibia*; also the *sternum*, the *ribs* (hence asthmatic weakness), and the *spine*. Lastly, there is enlargement and deformity of the bones, sometimes of the whole bone-system, particularly of those of the *pelvis*, occasioning an insecure and unsteady gait. But with all this, we often find associated very early development of the mind, quickness of comprehension, accuracy of judgment, and felicity of thought, in fact, premature activity of all the faculties. The disorder decreases with the physical growth, in some instances disappears entirely, and scarcely leaves a trace behind; but this is only in slight cases, and where there have been no complications whatever. Where the malady has been of a severe type, the curvature of the spine, the turning in of the feet, the distortion of the sternum, and the ribs remain; the patient being sometimes completely deformed for life.

Here it is a duty to recommend Ling's Curative Movements again, as the only rational remedy. I have often seen the saddest mistakes committed in connection with such cases in well-known and even celebrated *Orthopædic Institutes*, and the reason of this is only too obvious. In these institutions the cure of the *effect* is all that is attempted, without any thought of, still less any effort at, the removal of the *cause*. In treating, for instance, a case of curvature of the spine according to the orthopædical method, the origin of the curvature is seldom, if at all, taken into consideration. It is not asked whether it is, as may happen, owing to a *bad habit*,

whilst growing, of standing, sitting, or walking, which may, as it often does, cause the cartilages of the spine to become displaced and one hip to sink lower than the other, in an otherwise perfectly strong and healthy individual; or whether the curvature is the result of a debilitated glandular system (strumous constitution); or whether the patient, though now apparently otherwise in the possession of perfect health, may not have suffered in youth from the malady we are now considering.

Nor, indeed, is it probable that, in an institution of this kind, the trouble, as well as the time, necessary for such an investigation would be given, even supposing that the orthopædist possesses the requisite knowledge and experience to form a clear and proper diagnosis of the disease before him. And if he really could do so, what service could he possibly render? Is it in his power to cure scrofula by orthopædical treatment and remedies? And what if that disease, with the softening and displacement of the bones which it induces, is the only real cause of the curvature? And how can a cure of the curvature be so much as thought of if the bone-system is not at the same time strengthened and improved? Can we, is it in the power of any one to, strengthen the bones by *stays, reclining boards, or machines of any kind?* And yet should it not be the first and principal endeavour in every cure which we attempt, be it by medicine, surgery, or natural methods, to husband the *vitality* of the patient as much as possible? Before we undertake the treatment of any case, before we tender any advice in regard to it, this should

be primarily and most *conscientiously considered*. Is it so the orthopædist sets to work? Must not the wearing of wooden and iron stays and bandages have an injurious effect on both lungs and heart? And will not the restriction thus put upon the action of these cardinally vital organs have the effect of repressing rather than aiding the recuperative powers of the system, by first inducing local weakness, and by-and-by general debility, and ultimately the impossibility of improvement? Only where, in cases of spinal curvature, the dietetic and hygienic treatment above described is conscientiously carried out, will it be possible to effect a real thorough cure, or even any material change for the better. Under that system not only will the curvature be cured, but the whole constitution of the patient will be thoroughly improved and strengthened.

All this is easily said, but it is not so easy to persuade others of its truth; for, notwithstanding the many satisfactory cures which can be adduced to confirm the statement, the difficulties and prejudices to be contended with are serious and manifold.

The very word *scrofula* suggests to the minds of the uninitiated something altogether formidable, if not incurable; whereas it is really not its existence in the system, but the extent to which it prevails, that is matter of serious question, that does or that does not warrant any apprehension.

It is supposed by many that the *tonics* with which children are dosed daily are preventive of *anything of this kind ever making its appearance*; also, that this weak-

ness is principally confined to the lower classes, and is caused by insufficient and unsuitable nourishment, want of cleanliness, &c. But these are errors, as I could show, were there time to discuss them.

Only, before departing from the subject of *rachitis*, let me observe, that in certain cases I have seen much benefit derived from the administration of *calcaria carbonica* (homœopathic), Nos. 6 or 12, and in more stubborn cases No. 6. But the *calcaria* must be regularly taken for some six or eight months, morning and evening, two globules dry upon the tongue each time during the first two or three of them. For the three following months one dry upon the tongue morning and evening, after which one globule every evening only. Of course the patient had, in addition to this medicine, Ling's Curative Movements, and his diet was regulated by the rules already mentioned.

CHAPTER XIV.

Hysteria—Hypochondria.

IT is an indisputable fact that in two serious *psychological* maladies, the bases of which are, however, of a *physiological* nature, because in almost all instances it is the bodily condition of the individual which induces the morbid reaction on the brain—it is, I say, an indisputable fact that, in their case, chemical remedies are fraught with *no curative effect*. Hypochondria is due, in most instances, to an inordinate use of drugs, the reaction of which, as well as their direct irritant poisonous effect, not on the gastric organs alone, but, through them, on other parts of the system, particularly the nervous system, in course of time, produces such a morbid condition of the brain as to infect the mind with most uncomfortable sensations, and unreal, uneasy, dark, often dreadful imaginings.

Hypochondria, though akin to hysteria, is not the same malady, notwithstanding the fact that both diseases have exactly the same *character, symptoms, and termination*, and that we have always been taught that “hypochondria and hysteria are one and the same disease, *hypochondria* being the name given when present in the male, *hysteria* when present in the female.”

Experience, however, that unsophisticated teacher of the honest truth, has taught me otherwise. I have arrived at the conclusion that a man may suffer from *hysteria* as well as a woman, and that a woman may suffer from *hypochondria* as well as a man.

Diagnosis.—A continual disposition to cramp, and nervous attacks of the most diverse forms; the symptoms extremely fitful, often changing, and at times contradictory; in the ideas, judgments, and indeed whole thinking and acting of the patient, the strangest *idiosyncrasies*, in fancy, feeling, sympathy; faulty digestion, which has a *sympathetic* influence on the whole body, particularly the nervous system, affecting the temper and spirits, &c., rendering them *gay or sad, depressed or elated*; disposition to *flatulence*; the generation of *acidity*; *constipation*; inclination to solitude and sorrowful brooding. The patient is continually occupied with himself and his malady, and everything else more or less in reference to these, to such an extent, indeed, that all interests at length come to centre themselves in self and its sorrows, and no imagination is too wild or outrageous to receive entertainment. The patient is continually placing himself under new treatment, which he soon abandons for another; and if he does not stay long enough under a false system to be much the worse of it, as little does he persevere in any that would do him good to be much the better. He is subject to great peevishness of temper, is now sorrowful and now extravagantly mirthful, will pass of a sudden from one extreme to the other without any visible reason,

and frequently break out into wild fits of weeping; the urine, too, is pale and watery, and he feels often urged to pass it (always a sure sign of a coming attack of cramp or convulsions).

If the malady is not of a severe type, the principal symptoms are cramplike sensations and attacks, but these of every variety. If, however, it appears in an aggravated form, these attacks are of the most intense description, so much so, that at times the symptoms resemble those of the most dangerous maladies. In reference to this, the distinction between a nervous and phlogistic constitution is of the utmost importance.

The malady is of uncertain duration, in most cases continuing for years; in some it is lifelong. In the latter instance, however, long periods may intervene, during which the patient will be perfectly free from its presence.

The malady is not fatal, but it is extremely distressing to the patient, as well as his friends and acquaintances. Hence two principal necessary conditions of the cure are—(1) *Courage*, though it may be the symptoms appear most ominous, even though they should be such as bode *suffocation, epileptic attacks, protracted fainting fits*, lasting, as they do, sometimes for hours, *asphyxia*, &c., for all these phenomena, when the *consequences* of hysteria, are WITHOUT DANGER; (2), *Patience*, combined particularly with prudence, in order not to be misled by wrong impressions.

The principal cause of hypochondria, as well as hysteria, is a morbidly heightened and abnormal sensi-

bility of the nervous system, pre-eminently of the nerves of the stomach and digestive organs, from which, of course, the most *intense* and *unusual* reactions develop.

The more remote causes of the malady are twofold, —*First*, weakening of the nerves or of the feelings through excessive mental exertion; continued or oft-recurring *physical* or *moral suffering*; excess of *care*. Also *frequent debilitating secretions*, but especially *loss of blood* through repeated venesection, leeches, &c., or through menstruation or hæmorrhages, are certain causes of nervous debility, in addition to others not to be dwelt upon here.

Second, Irritation, here particularly due to congestion, accumulations, or obstruction in the abdomen (*Plethora abdominalis*). Worms and *gout* are two of the primary agents in producing and fixing these *irritants*. Often hypochondria is nothing more than *nervous gout*, that is, a transposition of gouty matter on one or more of the principal groups of nerves. Experience has proved that as soon as the attack of podagra sets in, the hypochondriac becomes free from cramp, and both temper and spirits suffer a marked improvement. There are also *psoraic* and *rheumatic irritants*, produced by insufficient clothing, or metastasis of other morbid diseases, particularly syphilitic.

The principal object to be aimed at in the cure of *hypochondria*, as well as *hysteria*, is the *diminution of the morbidly heightened sensibility of the nervous system*, especially that of the *ganglion system*, and the restoration of its equilibrium, either by a removal of the

disturbing and morbid irritants, or, if *debility* is the only cause, by strengthening and invigorating the nervous system, and imparting a new tone to the whole. Hence the importance of ascertaining whether or not the malady is due to material causes—as compression of the abdomen, which is in many cases a primary cause, induced by constant sedentary habits, *tight corsets, heavy indigestible food, continual care and sorrow.*

The appearance of the patient resembles that of a person suffering from liver-complaint: whitish yellow complexion, often more of a greenish hue, particularly round the mouth and nose, yellowish spots in the whites of the eyes. The abdomen is distended or hard; and, on closer examination, often indurations or swellings of portions of the intestines are distinctly felt. The appetite is bad, and usually very fitful; weight and distention of the stomach after partaking of food; discomfort and ill-humour. The stools are, as a rule, sluggish and hard. At times the bowels are very constipated, often not relieved for several days, and this state alternates with sudden attacks of diarrhœa. There is great tendency to hæmorrhoidal disorders. At times slight attacks take place, mostly accompanied by pain and discharge of blood. Lastly, when the malady is of long duration, it always creates congestion of the abdomen. Add to this the almost universal habit of taking totally unnecessary and literally harmful medicaments, such as *roborantia, valeriana, assafœtida, &c. &c.*; while the careful administration of an enema of water and oil, drinking freely of pure water, in addition

to one or two of Ling's Movements, would have had the same effect, without any of the baneful consequences.

In treating hypochondria, as well as hysteria—*i.e.*, when they arise from material causes—much will depend upon the temperament and constitution of the patient. In *easily excited, plethoric, phlogistic, atrabiliar* subjects, and where, as a rule, there is a great predisposition to hæmorrhoidal disorders, cooling drinks, stewed fruit, but little meat, and plenty of physical exercise, are much to be recommended, in addition to the above. But nothing can replace the healing power of Ling's Movements for the rational cure of the malady. A simple "thigh rotation," "abdominal friction," spinal and hypochondriac friction and vibration, are more effectual than all other remedies.

On the other hand, if we have to deal with this disease in an individual of a *cold, phlegmatic, lymphatic temperament*, a strengthening meat diet, with good fresh vegetables, even at the risk of provoking a little flatulence, one glass of light unadulterated wine (not sherry), diluted with water, will be advisable. All spices, as cinnamon, cloves, pepper, vanilla, &c., to be avoided. These are not good for any hypochondriacal or hysterical subject, no matter *what* constitution or temperament he may possess.

Certain it is, that no person suffering from hypochondria is exempted from hysteria, and so *vice versa*. It is but the greater or less intensity of either which has to be considered. It may be that when hypochondria and hysteria are both present in a female the

latter evil will predominate most, and that, on the other hand, the former will in the case of a male; but that one and the same malady, when present in the female sex, should assume the form of hysteria, and in the male that of hypochondria, as has been again and again asserted by eminent men, is, as I before observed, incomprehensible.

It is undeniable that the seat and origin of both diseases is in the abdominal region and the ganglion (nervous) system; but precisely because both maladies are caused by the same local irritants (in abdomen), and the symptoms and phenomena resemble each other in their *gradations, modifications, intensity*, and general *character*, it being only the greater or less sensibility of the individual which decides the intensity of the attack, whether in man or woman—precisely for that reason, it is incomprehensible to me why hypochondria and hysteria should be thus distinguished. *Debility* is often the sole cause of both maladies, viz., purely nervous hypochondria and hysteria; and this may be inferred from knowledge of *previous* debilitating diseases, especially the *venereal—chronic hæmorrhage*, from excessive or frequent *menstruation—leucorrhœa*;—also *chronic diarrhœa, gonorrhœa chronica—seminal secretion*;—excessive physic-ing, particularly also the so-called purging and absorbing methods, which are so frequently resorted to in the early stages of this malady, and which are capable of producing all the symptoms of general debility, as *weak pulse, fatigue upon every slight exertion, insufficiency of animal warmth, sorrow, somnolence, or drowsiness, &c.*,

for all of which there appears to be no material reason.

The *removal* of these debilitating *causes* is, of course, the principal feature of the cure, and is sometimes, indeed, ample enough for its completion. Certain it is that without their removal no cure can be so much as contemplated. There must be, viz., cure of the *diarrhæa*, *gonorrhæa*, *hæmorrhagia*, &c., but particularly of frequent *pollution*, one of the most usual causes of nervous hypochondria. These cures are not easily effected, particularly that of the last-named evil, because here the debility of the genitals is always combined with excessively heightened irritability, thus preventing, what would otherwise be the best strengthening treatment in such cases, the prescribing of a good meat diet, the use of good old unadulterated wine, &c., owing to the tendency these have to increase the irritability, thus to urge local accumulation of the juices, and consequently to increase the flow.

Hence, in *this instance*, it is necessary to prescribe the free internal and external use of cold water, a cooling but nourishing diet, cold baths, and much fatiguing bodily exercise. If regulated according to Ling's System the object will be more speedily attained, which is to *tire* the patient without *exhausting* him. He must long for rest and sleep, but not be excited, after the bodily fatigue. Seven to eight hours of healthy refreshing sleep is indispensable, the hours *before* midnight being of double efficacy.

From all this the reader will, I trust, clearly perceive

that the cure of hypochondria depends first on the *renewal of the strength*, active as well as passive, by means of perfect mental and bodily rest, with the help of good suitable nourishment, and *strict attention to diet*, both of which are indispensable auxiliaries. The diet required involves the avoidance of warm heating beverages, as tea or coffee, all indigestible vegetable food tending to generate flatulence, particularly onions, pulse, pease, dried beans, cabbage, &c. It is also most important that all excess, all overloading of the stomach, be carefully guarded against, for this creates indigestion and constipation, and these affections, to a certain extent, retard the progress of the cure.

Secondly, it will be observed, I think, that the cure of the malady depends also on *raising the tone of the nervous vitality*, combined with the strengthening of it. In purely nervous *hypochondria* or *hysteria*, treatment to this effect may be at once proceeded with, and it is often all that is requisite for the cure. This method of altering, improving, and imparting another tone to the nervous system has for its primary object the reduction or diminution of the morbid, sensitive, abnormal condition of the inner nervous vitality (*Nervenleben*) throughout the whole organisation, particularly that of the digestive system. The diminution of this morbid sensibility and the continual irritation combined with it, will be attained by strict observance of the following regime:—

Every morning, before taking food, a tepid bath; after this a large glass of fresh milk, with the yolk of an egg

stirred in it. Then a walk in the free air of from half an hour to an hour's duration. Afterwards breakfast, a large cup of good pure cocoa, with brown bread or toast, and a little butter; and then an hour of complete *mental* and *physical rest*. Next one hour of Ling's Curative Movements (active and passive); after which an hour's rest, followed by a renewed walk in the fresh air. The daily repeated air-bath, as it might be termed, combined with muscular exercise, is certainly the most strengthening remedy of any. Where nervous debility is present, it can be replaced by no other remedy, and is attended in *no way whatever by the slightest harmful reaction*. At two o'clock take dinner, as above indicated; only it is well to observe that mutton and poultry are preferable to beef, the latter being always more difficult of digestion by a weak stomach.

It will be scarcely necessary to remind the reader that early rising is an *indispensable condition of the cure*. Nothing is more effective towards invigorating the digestive organs than early rising. Getting out of bed at six o'clock punctually, and drinking a glass of pure fresh water, is the most effectual specific for cleansing and purifying the apparatus of digestion.

The palliative cure is of great value to those who suffer from hypochondria and hysteria, not only because it affords a temporary alleviation in cases of a sudden attack, but also because it is in itself an integral part of the entire or radical cure, in so far as

the quieting of the nerves is one of its principal features.

The affections those who suffer from this malady principally complain of are, often recurring *cramps or spasms, constipation, acidity in the primæ viæ, and flatulence*; and to these may be chiefly traced the disorders and paroxysms.

Ling has imparted an excellent remedy to us for *flatulence and constipation*. Acidity is most effectively and surely dispelled by *air, water*, and the observance of suitable *diet*; but beware of *magnesia*, or pulverised or purified chalk.

In the more severe spasms from flatulence, accompanied with excessive local pain, it will be necessary to place very warm fomentations round the pit of the stomach, and to apply besides a few tender frictions and pressures with the palm of the hand to the hypochondriac region, immediately above the hip-bone. When the spasms are accompanied by fainting-fits, bathe the forehead, temples, cerebrum, and occiput with cold water. I knew an obstinate case of this kind in which gentle irritation or tickling of the nostrils internally produced a return to consciousness.

Hypochondriacal and hysterical attacks may sometimes assume such a degree of intensity as to excite considerable alarm, particularly in those who are unacquainted with them, and hence not unnaturally may lead to a mistake in the treatment. Of this class especially are the long fainting-fits, with the scarce perceptible pulse, the almost entire cessation of beating at

the heart, the difficult and laboured breathing, the cold, often stiff, extremities, the (apparently) epileptic convulsions; also with the most intense fixed pains in the chest and abdomen, and which, in this case, are still nothing but cramp caused mostly by flatulence.

In order to distinguish the symptoms of cramp from those of inflammation, we must attend to the following indications:—Cramp is known by the *pale, watery urine and frequent urination, sadness and inclination to weep, the fact that the patient suffers, or has suffered, from hysteria, the triviality of the causes which provoke the attack* (such as the banging of a door, the falling of fire-irons, &c.), *but particularly the absence of fever.* As soon as the hypochondriacal or hysterical anima—i.e., attack—is *recognised*, we may calm our fears, for in *that case* the seizure is accompanied with *no danger*.

The *one single* exception to this rule is, when the patient is young and of a *plethoric constitution, or if the attack is consequent on a previous suppression of hæmorrhage.* In such instances the obstinacy of the attack, as well as its *intensity*, may induce an accumulation of blood in vital parts, and issue in apoplexy, &c. In this SINGLE INSTANCE is the position a critical one, as depletion or bleeding in the case of a hypochondriacal or hysterical subject would be nothing short of perilous. In such a case, but *only* in such, apply cold water compresses to the head, put the patient in a sitting posture, chafe the legs and feet, and place hot fomentations upon the latter.

The cure of either hypochondria or hysteria is diffi-

cult, by reason of the partly psychological nature of these maladies; and the more so, perhaps, from the fact, that *patience, intelligence, judgment, and tact*, are so supremely essential on the part of him who has undertaken the cure of them. When either of these maladies has had long hold on the system, and infected it, it may be, for years, the effect upon the rational and perceptive powers must needs be serious. Regard, therefore, must be had to this fact in any attempt at a cure; yet stock of this, so to speak, must be taken by us in such a way as not to be observed by the patient, or cause him any uneasiness or anxiety.

Very few physical diseases tend to weaken or disturb the rational powers of thought, but certainly extreme chronic hypochondria and hysteria are exceptions. This is easily explained and comprehended. The continual occupation of the patient with himself, and everything in relation to his condition, must at length seriously derange the normal mental activity. Melancholy, coupled with fear, a shrinking from society with others, and, in fact, an avoidance or dread of all strangers, is a sure sign of decay in the normal strength of the mental forces. Hence fixed ideas arise, and there-with disturbance, partly in the powers of judgment and consecutive thought, partly in the powers of imaginative combination or fancy.

Should symptoms of this kind show themselves, it will be necessary to study the patient attentively, and treat him with mildness, great indulgence, and cheerfulness of temper. He should be entertained by *change*

of scene, new objects, enlivening music, &c., for everything will depend on the interruption and removal of this condition of moral lethargy. We must never show astonishment or surprise should the patient's remarks happen to be unusual or ridiculous; and he must never be aware, or suspect, that any anxiety or apprehension is felt on account of him.

This state of things renders it necessary that the patient should be seldom or never alone. His thoughts must be diverted from *himself* towards other subjects in such ways as may suggest themselves to the discretion and intelligence of his companion, who should be cheerful and lively; his object being principally to break, or interrupt, that continual, silent, dejected, and reserved habit of brooding, with special reference to its origin, whether in *care, misery, anger, envy, jealousy, hate, ambition, disappointed hope*, or otherwise. To divert the mind from this unhealthy condition and current of thought must be the first and chief aim of our efforts; for till this spell is broken, it is in vain to hope for any solid improvement.

I think I have now said enough upon this subject, and only conclude with urging upon my readers the necessity of guarding well against all affections of this kind, for than hypochondria and hysteria there are few diseases that tell so banefully on the mental and moral nature, in which consists the proper manhood of the individual.

As both these very prevalent maladies are often

due to excessive irritability caused by *worms*, I proceed to indicate a few of the symptoms of the presence of these parasites, and to explain their origin and development, and their action upon the human organisation.

CHAPTER XV.

Worms.

THERE is no part of the human body in which worms, or other imperfect organic beings, may not harbour and develop. They are mostly generated in the intestines indeed, but also in many other functional organs, as *liver, lungs, heart, kidneys, bladder, &c.*, nay, even in the *eyes and brain*.

The common kinds of worms, are round-worms (*Ascaris lumbricoïdes*) and thread-worms (*Ascaris vermicularis*). The tape-worm (*Taenia*) is less frequent, at least in persons suffering from hysteria or hypochondria.

The irritation tending to aggravate these maladies is caused mostly by *thread or maw-worms*, a certain class of which is perhaps better known as *jump-worms* (owing to a peculiar power which they possess of *springing up*, and thereby increasing the irritation), and round-worms.

The most usual signs of the presence of worms are—*pale complexion, with bluish circles under the eyes; frequent changing of colour; accumulation of saliva in the mouth, before taking food, in the morning; nausea and offensively-smelling breath; appetite quite irregular, sometimes sudden and voracious; frequent irritation in,*

and upon, the nostrils ; sneezing. The abdomen distended but not hard ; stomach-ache in the vicinity of the navel ; enlarged pupils ; bleeding at the nose ; sudden jerking, restless movement during sleep ; gnashing of the teeth ; a tendency to lie on the stomach when in bed ; exciting dreams ; unusual emaciation without apparent reason ; disposition to spasms or cramp ; attacks of corea ;¹ but the most important and only sure symptom is the evacuation of worms or portions of them.

The more especial symptoms of the presence of *ascarides* or worms are,—an unpleasant irritation in the rectum particularly before going to bed ; difficult urination ; a sensation as though suffering from hæmorrhoids, which nevertheless is *not* the case ; secretions of mucus from the intestines or bladder ; unusual periodical defecation and melancholy.

The special signs of the presence of *roundworms*, in addition to the more general indications, are,—frequent attacks of stomach-ache ; a sensation of *jerking* in the region of the navel.

Worms, by the irritation they cause, and their action with regard to the digestive and assimilating organs, are capable of deeply and seriously affecting the whole organisation. They may occasion disturbances and disorders in the vital functions, hence their psychological reaction ; and they may be the origin of a multiplicity of diseases, particularly of a *nervous nature*.

¹ Coreia ; an oft-recurring twitching, of one or more nerves in the face, which causes the cramp-like motion of one or more muscles in connection with them.

Worms do not *always* excite disease, especially if not present in too great quantities, and *kept quiet*. But they must ever be regarded as *abnormal*, and possessing a *power to generate disease*.

Worms excite disease principally by absorbing or withdrawing the juices which nourish the system. They are parasites, and hence when present in great numbers, they may cause an emaciation, which may ultimately reach the stage of *atrophy*. Their excretions and decay in the system leave behind foul, slimy impurities in the stomach, and particularly the intestines. Hence the never-failing presence of gastric putridity in worm fevers, also the acidity or sharpness of the juices.

Worms also occasion severe local pain,—1st, when they become restless from hunger or other causes; 2dly, when they come in contact with a more than usually sensitive portion of the intestines; 3d, and lastly, when the susceptibility of the intestine is suddenly heightened, as, for example, when fever is present.

Irritation from worms is partly sympathetic, partly local. If local, it produces pain, cramp, increased secretion, and unusual activity of the intestines, *diarrhæa*, *dysentery*, *inflammation*.

If sympathetic, it acts partly on the nerves; hence the great tendency to *convulsion*, *cramps of all kinds*, particularly *corea*, *epilepsy*, *somnambulism*, *periodical paralysis*, &c.

This irritation also acts deleteriously on the vascular

system. Hence arises worm-fever, which in many instances is not known to originate from worms or to be that species of fever; and hence, too, plethoric congestion to the chest and head.

The effects of worm-irritation are not *always* felt. Individuals may suffer from worms, and may not be at all inconvenienced for years, when sudden and severe symptoms of their presence often set in. The immediate cause of this is an increased irritation, due either to an increase in the number of worms, or to excitement caused by the presence of *ingesta* repulsive to their taste, and a consequent restless craving, on their part, for proper food; or to their clustering together and fastening like leeches on some sensitive part of the intestines. In all fevers, worms become more or less painfully irritating, and the attacks they bring on are unfortunately often regarded as symptomatic of other maladies.

It is therefore not without reason that I have gone at such length into the irritation caused by worms, as well as their action in reference to the entire human body. I have desired to impress upon the reader that, in undertaking the cure of a hypochondriac or hysterical patient, it is necessary to bear two things in mind:—

1st. Never to express it as your opinion to the patient that he is "*hypochondriac*." This malady is usually regarded as a purely imaginary disease, and to tell any one that he is suffering from it, would be regarded more in the light of an affront, and would lead to altercation, of no use but to irritate and vex the patient.

2d. To institute a minute and careful investigation,

in order to ascertain whether the cramp-seizures and the various attacks of convulsions, &c., may not be attributable to the irritation caused by the presence of worms.

Cure of Worms.

The cure consists in the removal of the worms, and in changing the state of the constitution so as to prevent the generation of fresh ones. To effect this, there are two methods according to the *natural treatment*:—the palliative cure, that is, the soothing of the worms, and the mild, gentle removal of them from time to time; and the *radical cure*, i.e., a total *eradication* of the disease.

The Palliative Cure

Is of great importance, partly because it allays for the time the severer and more dangerous symptoms; partly because, if the irritation caused by the worms should become extreme, it is apt in fevers to excite inflammation and ulceration.¹

For quieting these parasites, and allaying the cramps occasioned by them, the principal remedy is *milk*—milk, in all forms, as *beverage*, as *enema*, and applied in bandages round the abdomen. Next to milk *oil* is a most invaluable remedy—*good, pure, fat, Lucca oil*. The oil weakens and subsequently kills the worms; it

¹ In an extremely severe case, in which the cramp pains were so intense as to be almost unbearable, I administered a tablespoonful of liquor absinthe, diluted with the same quantity of water, and in a few minutes the pains had all but, if not quite, subsided.

also prevents their adherence for suction to the intestines. Oil, half diluted with tepid water, is also beneficial as an enema; as also is taking a teaspoonful of it *pure* morning and evening. Another palliative, from which I have seen very good results follow, is garlic boiled in milk. For a child of from six to ten years, the proportions are about three small parts of a garlic bulb, and a pint and a half of milk, boiled down gently to a pint in quantity. For an adult, from four to six parts of the garlic bulb in three pints of milk, boiled down gently to a pint and a half. The homœopathic medicine *cina* may also be recommended: six globules dissolved in a small tumbler of water, one teaspoonful every two hours. With some persons this latter remedy acts admirably; others, again, do not respond to it at all. I have in such cases ordered an enema of oil and water, morning and evening, in addition to the *cina*, but with the same result.

A worm-cure should always be commenced when the moon is on the decline, *never* when it is on the increase. It is scarcely credible what influence the moon has upon these parasites. It is remarkable how much their power of resistance is weakened when the moon is on the wane, and how much feebler their power of suction and consequent power of irritation then is.

The process of cure should begin with one teaspoonful of oil every evening, in order partly to weaken the worms, and partly to entirely prevent their adhesion to the intestines; then, in the morning, a large cup of garlic-milk should be administered, prepared as above.

Radical Cure.

Injectons of a decoction of tobacco are said to be an excellent remedy.¹ But I should, on principle, never recommend them, much as I am aware of the great difference there is between introducing a *drug* into the stomach, thereby becoming immediately amalgamated with the nutrition to act as a noxious irritant, and the introduction of the same into the system through other channels. I consider tobacco (*nicotine*) to be such a fearful poison, a poison which prepares the stomach for cancer, &c., that it is only in the most extreme case, when every other natural remedy—of which we possess so many—has failed, that I could be induced to resort to it. It is a fact that in most cases worms are the product of the state of the system itself,² and some of the chief causes are sluggishness and debility of the intestines, accumulations of mucus, produced by an imprudent excess of rich meat diet (two or three times daily), sweet puddings, and over-indulgence in *raw fruit*, particularly plums.

The total destruction of worms, *i.e.*, the prevention of their generation, depends on the strengthening of the gastric organs, particularly of the intestines. *This* is effected more by an animal than a vegetable diet,

¹ Take half a pound of very good Varinas tobacco, two pints of water, boil to a pint in quantity, strain it, and to every pint mix a teaspoonful of this decoction and a teaspoonful of oil. The enemas to be taken every morning.

² In *most*, but not *all* cases. The germs are sometimes introduced into the system in the food, &c., and there develop and increase.

moderate enjoyment of unadulterated wine, and Ling's Curative Exercises, but in this case more active than passive.

One disease for the removal of which Ling's Curative Movements supply the *only* effective remedy, is Dropsy (*hydrops*), which will be discussed in the following chapter.

CHAPTER XVI.

Dropsy.

IN the majority of instances Dropsy is a symptomatic or secondary disease, *i.e.*, it is the consequence of some prior, usually chronic malady, to which we are, of course, not now referring. Ling's treatment has no power to *cure* an individual whose system has been weakened by frequent venesection, or bleeding otherwise, and who has *consequently* become dropsical. In such a case, a retardation of the disease and a lengthening of life for a few years longer is the utmost that Ling's treatment is capable of effecting.

The dropsy to which I refer is acquired by excess in *wine drinking*, and is known as *dropsy of the chest (hydrothorax)*. It is, I think, only too well known how difficult the cure of such a disorder as this is; and it will be pretty readily comprehended how little power chemical medicine alone can have to remove it.

It is of primary importance to determine, first, that the malady has not already made too great and rapid strides, and that it has not been of much more than a year's duration.

The diagnosis is difficult at first, and it is usually only in the rather more advanced stages that we may with certainty conclude that dropsy is present.

The symptoms are—Great oppression, tightness, and laboured breathing, which is rendered more difficult with every movement; also great anxiety and fear when lying in a horizontal position in bed; a short, dry cough, which often becomes very spasmodic or cramp-like; tearing, dragging, cramp-like wearying pain between the shoulder-blades; and swelling of the hands, sometimes also of the face, particularly round the eyes. One of the principal symptoms also is a sudden starting awake at night, with an agitation of very great terror, accompanied by slight giddiness, a feeling of suffocation, and an irrepressible desire to jump up and throw open the windows to obtain more breathing-room. In the later stages it is impossible to lie in bed at all, and only in a sitting posture can a little sleep and rest be got. The urine is now diminished in quantity, and of a somewhat deeper colour, but not so deep as the urine of *acites* (dropsy of the stomach).

The administration of chemical remedies is really quite useless in a case of hydrothorax, or dropsy in the chest, useless even as a palliative; then usually *digitalis*, *squilla*, *bryonia*, *nitrum* with *sulphur*, *cantharides*, *belladonna*, &c., are prescribed. I have the full and firm conviction that nothing *does* or *can* insure relief and cure but Ling's Curative Movements; for the object here is to absorb the serum or water which has already accumulated, to remove it from the cavities of the chest and heart, and, by diverting it into other channels, to effect its removal from the body, which is a grave and difficult task.

I do not say that a *thorough cure* is often within the

range of possibility; for, first, a person afflicted with this disease is usually considerably advanced in years; second, he has, as a rule, already been drugged to such an extent, that it generally requires weeks before a body so bedrugged can be brought into a fit state to be acted upon in a rational manner.

I must also observe that, when I undertake a case of this character, under Ling's treatment, my special attention is directed to the *kidneys, bladder, and intestines*, and, in addition to the movements, I invariably order the consumption of a liberal allowance of fluid, so that the channels of absorption and secretion may be less obstructed, and brought into more active use.

It is really quite impossible to describe all the movements which the treatment of this malady necessitates in order to secure beneficial results. I shall, therefore, relate the following *facts* :—

In November 1861 I was waited upon by Lady B——, who had come to consult me in behalf of her husband. His lordship was suffering from asthma, and the doctor had taken a very serious view of his case; he had declared that his lordship could not live twelve months longer, if even so long, and she was in great distress in consequence. Her friend Lady F——'s little boy, however, had been almost entirely cured of his asthma whilst under my care, and she hoped I might be able to work a similar cure on her husband.

Accordingly I visited his lordship, and, of course, from what I had been told, expected to see a case of severe asthmatical affection. To my astonishment, however, I found his lordship suffering, and that severely, from dropsy of the chest and præcordia (*hydrothorax* and *hydrops pericardii*). On entering, the patient was just regaining consciousness after a fainting fit. He was seated in an arm-chair, struggling for breath, his butler was

slapping him on the back, whilst a lady was holding ammonia under his nose, which I begged her to desist from doing. His lordship could not yet speak. His lady came into the room with a large medicine bottle and spoon. "Will you take your medicine, my lord?" she asked softly. His lordship shook his head with a deprecatory movement.

As soon as he was somewhat restored I commenced to work. I applied *vibrations*, *percussions*, and *fullings*, alternately with frictions, over all those parts where, on investigation with my hand and the tips of my fingers, as well as the stethoscope, I was certain watery deposits or accumulations were present. After continuing these manipulations, with but little interruption, for fully two hours, *nature* came to the rescue; first by relief of flatulence, then by a secretion from the kidneys; and this, in the space of about a quarter of an hour, was followed by vomiting. The patient felt much relieved, although extremely weak and exhausted. As I anticipated and hoped that now the wearied patient would be able to gain some sleep, I was taking my departure, when Lady F——, who had just re-entered the room, asked me to stay, which of course I did. The sufferer slept fully three hours and a quarter, with the exception of about four interruptions, which were more like a sudden starting up, as though to gasp for air, and did not last more than two minutes. It was twenty minutes past ten when his lordship awakened entirely. "How fortunate it was that you came!" said her ladyship. "Could you remain with my husband during the night? Oh, the *nights are so terrible!*" I remained. The sufferer was troubled with great thirst; and though he was forbidden drink, except in smallest quantities, I permitted him to have as much as he wished, after carefully measuring *how* much he took. The secretions now became more copious and frequent, and I had the satisfaction of remarking *that more fluid passed from the body than had been consumed by drinking!*

Towards three o'clock in the morning the patient was overpowered quite suddenly by a most severe attack. He started up from the light slumber in which he had passed nearly two hours and a quarter, in a sitting posture: He tried to raise himself, and was seized with an attack of coughing, accompanied by retching. I

feared death every moment. All my exertions were directed to placing and keeping the patient in such postures as might in some degree alleviate the breathing. This was not at all easy, as the head continually sank from one side to the other. The patient now suddenly began to vomit ; and my embarrassment may be sooner conceived than related. I was alone with the patient, the nurse was sound asleep. I felt certain that the end impended, or a crisis. Meanwhile her ladyship, unobserved, had again entered the chamber. The doctor will soon be here, she said, with tears, yet in a tone meant to encourage my efforts. "This is a crisis," I said, decidedly, so as to allay her sorrow and inspire her with some hope and comfort. Meanwhile the patient's efforts to breathe became weaker, and his strength more exhausted every moment. I placed a chair behind the one on which the patient was seated ; and stepping upon it, so as to gain a mechanical advantage, I leaned forward, and, placing my hands under the arm-pits, proceeded to raise his chest very tenderly, keeping time with his efforts at breathing. I endeavoured to communicate a gentle lateral movement to the upper part of the body, in order thus to act immediately on those portions where an accumulation of fluid on the lungs and bronchi appeared to check and hinder the breathing. In short, I applied all those manipulations which Ling recommends to free the lungs from any load of abnormal foreign matter which might tend to hinder the process of respiration, and at a quarter to five a pause set in, during which the patient slept and rested, and this continued until nearly nine o'clock.

I will spare the reader further details ; the simple *fact* will suffice, that his lordship did *not* die within a year, as was predicted ; that he survived seven years longer ; that he owed this additional term of life to Ling's treatment ; that during the last five of those years he was able to *sleep* in a natural position, and that he died in the eighth year after our acquaintance with him, while on a visit to Italy, which he was recommended to undertake.

The first and chief indication of dropsical disease, next to that of puffiness or swelling of a portion of the

body, is a diminution of the serous, particularly of the urinary, secretions. The most usual cause of this condition of body is debility. All chronic maladies cause great exhaustion of strength, and become transformed at last into *dropsy*, *phthisis*, or *tabes*. Severe acute maladies under which the patient bleeds or is bled to excess are in the greater number of instances followed by dropsical weakness, as also is suppressed activity of the skin. All rheumatism entails a local serous exudation with rheumatic hydrops. But the shortest and surest way to become dropsical in habit is *poisoning by alcohol*. Those who drink wine and brandy to excess are always in the end affected with *dropsy*.

CHAPTER XVII.

ONE of the highest and most sacred duties laid upon him who is inspired with a wish to be useful to his fellows, is to help and guide them into ways of health, and to teach them the art of lengthening the term and enhancing the pleasure of existence. It is impossible without perfect health, and the full enjoyment thereby of our faculties, to appreciate the blessing of life, realise the goodness of God, and fulfil in any measure the purpose of providence.

The greatest enemies in modern times to physical and mental health are *alcohol* and *nicotine*; one of which, when taken discreetly and moderately, might even contribute to restore and fortify the health; but both of which, taken as they are, systematically and under the tyranny of habit, as a necessity of life, are *simply and absolutely poisons*, leading to certain disease and premature dissolution of the entire physical, mental, and moral nature.

The effect of the indulgence of *alcohol* and *nicotine* on the human system is beyond all calculation mischievous,—indulgence in tobacco as well as in spirituous liquors. It is a fact, for instance, that the earlier the

habit of tobacco-smoking and tobacco-chewing is contracted, the sooner is life cut short and its powers weakened.

The vice of tobacco-chewing, which is mostly practised among sailors, and has by them been introduced among savages, whom it infects like an epidemic, is one that should never, in fact, be tolerated in a civilised country; every one who indulges in such a foul and disgusting habit, should forfeit all right to rank and associate with civilised people. The hypothesis that this practice acts as a preventive against scurvy is a downright delusion, and quite contrary to the fact. Whenever this malady begins to show itself on shipboard or in camp—and when it does so, it almost always assumes an epidemic character—the tobacco-chewer, to a certainty, will be one of the first to be attacked. There is scarcely any narcotic extant which has such power as nicotine to predispose the body for *gangrene*, *cancer*, and *corruption* in general, and dissolution. Nay, I maintain that tobacco-chewing is likely to occasion scurvy, through the lowering of tone of the stomach, and the weak condition into which it is thrown, as well as by acting deleteriously on the surfaces of the *gums*, *tongue*, *tonsils*, &c. Indeed scurvy is principally induced by bereaving the stomach of its digestive power, as well as by insufficiency of muscular exercise. And though *tobacco-smoking* is not quite so baneful in its effects as *tobacco-chewing*, it too always acts injuriously on the digestive powers. The old adage that “*a great*

smoker is never a great eater," is explained by purely physiological reasons.

I have been asked—"Why do the Germans smoke so much, if tobacco-smoking is so harmful?" My reply, not my excuse, is this: first, that which in most instances is smoked by the Germans as tobacco, is really a very light weed when compared with the *very excellent, certainly, but very strong and narcotic, tobacco of America*. Secondly, the Germans smoke out of long, so-called, *Zimmer-pfeifen* (room-pipes), while the Americans, the English, and the French smoke either cigars or very short pipes. Thus is the tobacco smoked by them both stronger in itself, and, being hot, more powerful and pungent in its action, while that which the German indulges in is both of a much milder quality, and has, because cooler, a much more harmless effect on the system.

But neither is the practice of smoking among the Germans innocuous, for the statistics of the larger German towns prove that phthisis, as well as blood and nervous diseases, are on the increase; and it cannot be doubted that this is in part owing to the practice in question. Tobacco smoking and chewing is not merely hurtful, it is also offensive in the highest degree; and no one addicted to either can well imagine how very distasteful the mere odour of the use of it is to those who abstain, and especially ladies. The individual himself has no idea of the foul atmosphere he carries along him; he lays aside his pipe, say, as he enters a room, but he cannot conceal the fact that he has been smoking, for almost instantly every corner of the room is infected by his breathing.

The vice of drinking and alcoholic poisoning affects us more, inasmuch as it is more widely spread than that of smoking; it is of deeper dye, and more desperately indulged in; and, unfortunately, it prevails amongst *both sexes*. The excessive drinking of wine is

hurtful to the system, but the excessive drinking of brandy or other spirituous liquor is literally deadly.

Although the certain end of all drunkards, if they run their full course, is *dropsy*, they are more frequently prematurely cut off by *phthisis*, *tabes*, or hardening of the liver and the walls of the stomach. I wish that every drinker witnessed the *post-mortem* examination of a drunkard who has killed himself by drinking. Could he see the condition of the interior of the stomach, the liver shrunk to half its natural size, and hard as stone, the swollen state of the spleen, the swift process of disintegration in the walls of the stomach and its tissues, the thickly-ulcerated colon, the pancreas, &c.,—that, if anything, might induce him to consider his ways, and essay amendment. It might also do him good, in like manner, could he be made to see and realise the horrors of a severe attack of *delirium tremens*. Imagine the miserable being of a man lying on a couch raving, the eyes wide open, and as if starting from their sockets in *anguish* and *horror*; tossing about in terror and despair, believing himself, like another Laocoon, in deadly wrestle with a coil of serpents; now roaring like a mad bull, now with a whining and entreating tone imploring those around to take from his coverlet those small black, sticky, stinging figures which he imagines about to devour him; and anon sinking back exhausted, only to start up again with a scream as in death-agony, and appeal to some one in piercing accents to save him; *he is burning!*

To see such a spectacle of a man, in whom nothing human remains but the form, is a sight to excite our disgust; the very imagination of it is revolting.

At the best, a drunkard only becomes old, but *never venerable*. The loving confidence which infancy and childhood always express towards age and white hairs, dear as that is, the drunkard forfeits and never experiences. The curse and brand of sin is plainly written on his features. He has sold himself the slave of vice, and before that innocence recoils with a shudder. The unhappy mortal has become a stranger in his own home; all respect, all confidence are gone, and with these all interchange of affection. The drunkard has no friend, only comrades, who have sunk to the same depth of moral depravity as himself; for what honourable man would or could ever take to his bosom him whom he has once beheld in a condition of brutal intoxication? From that moment respect and confidence are gone, and it is barely possible for him to regard the fallen one ever after with the same feelings.

And now let me say to my reader, farewell. Read, I beg of you, this book with the same sincere good-will as I have written it. I have spared no trouble to render my meaning clear and explicit; and in everything I have said, I have striven to be helpful. Should I, however, have written anything that is dark or ambiguous, I am prepared, if called upon, to explain myself more clearly; indeed, there is no challenge that I would have greater satisfaction in responding to. I

cannot, of course, enter into controversy; all I pledge myself to do is to make *explanations*; only I cannot, as my correspondence is extensive, make more than *one* to the same individual.

If any one should consult me for *advice*, I shall, of course, expect to be remunerated for my trouble. Address communications to me at 48 Conduit Street, London.

THE END.



